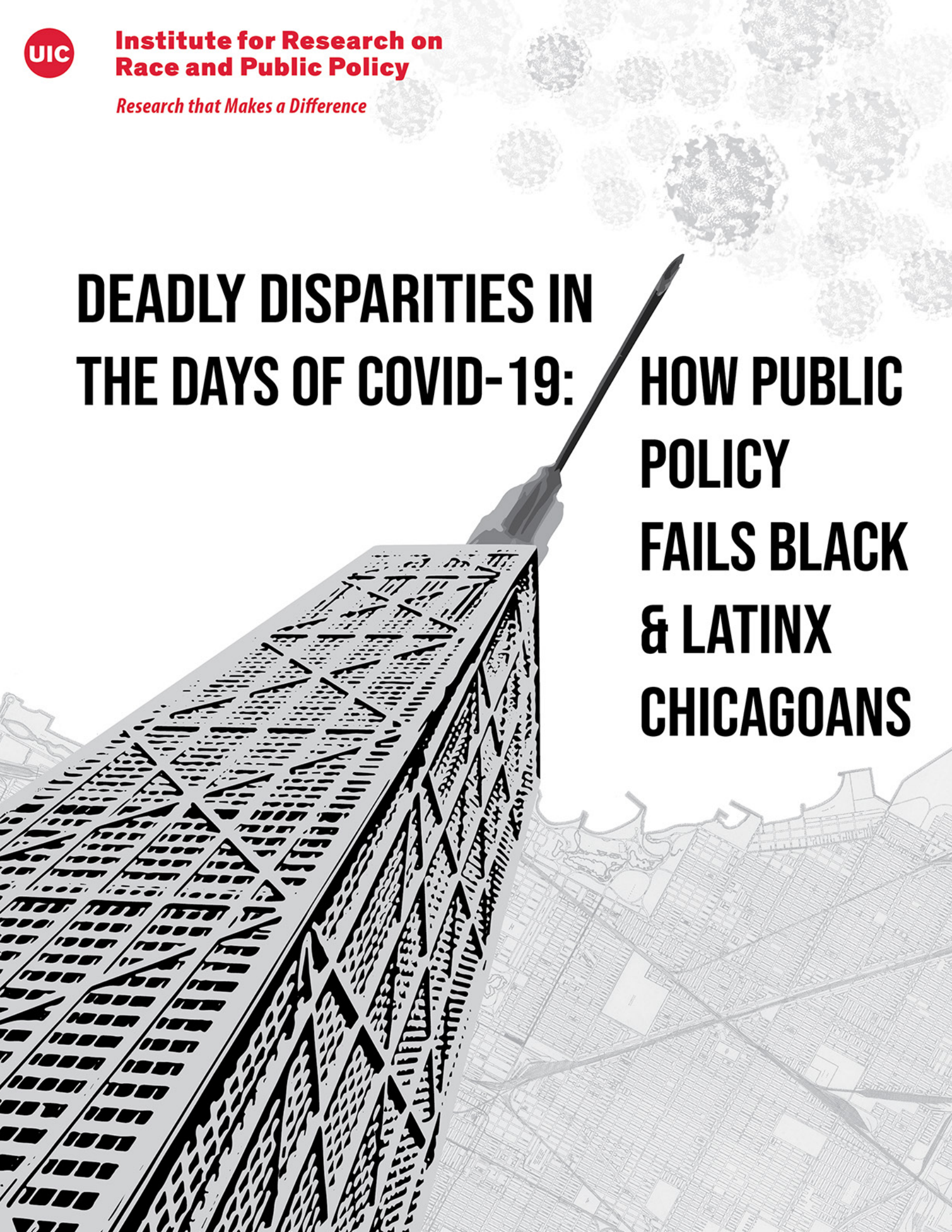




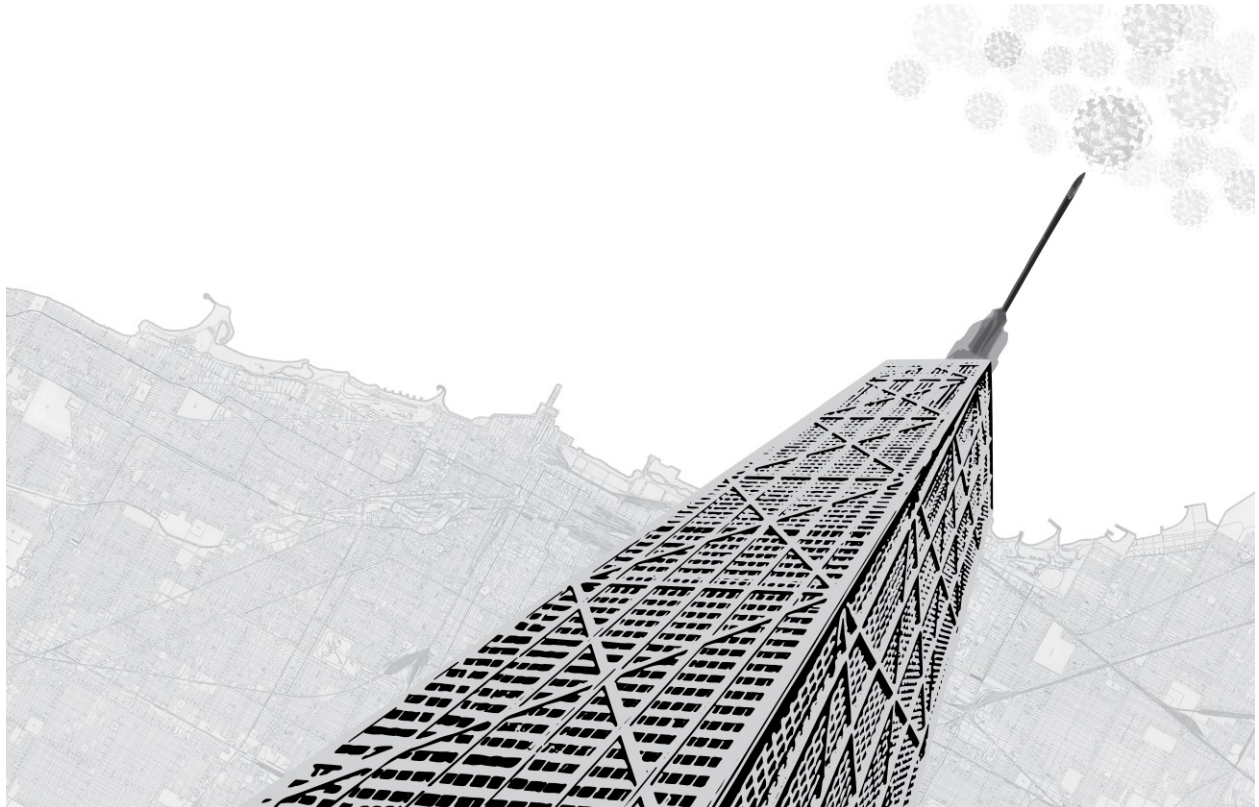
**Institute for Research on
Race and Public Policy**

Research that Makes a Difference

A stylized illustration of a skyscraper, likely the Willis Tower in Chicago, rendered in a high-contrast, black and white graphic style. A large medical syringe is positioned vertically, with its needle pointing upwards and its plunger resting on the top of the building. The background features a faint, light gray map of a city grid, possibly Chicago, and several stylized, light gray virus particles floating in the upper right corner.

DEADLY DISPARITIES IN THE DAYS OF COVID-19: HOW PUBLIC POLICY FAILS BLACK & LATINX CHICAGOANS

Deadly Disparities in the Days of COVID-19: How Public Policy Fails Black and Latinx Chicagoans is dedicated to everyone who has passed from COVID-19 in Chicago, and to all the frontline workers who have labored throughout the pandemic despite the additional risk to themselves and their families.



Report authored by Claire Laurier Decoteau, Cal Lee Garrett, Cynthia Brito, Fructoso M. Basaldua Jr., and Iván Arenas

Institute for Research on Race and Public Policy (IRRPP)

University of Illinois at Chicago

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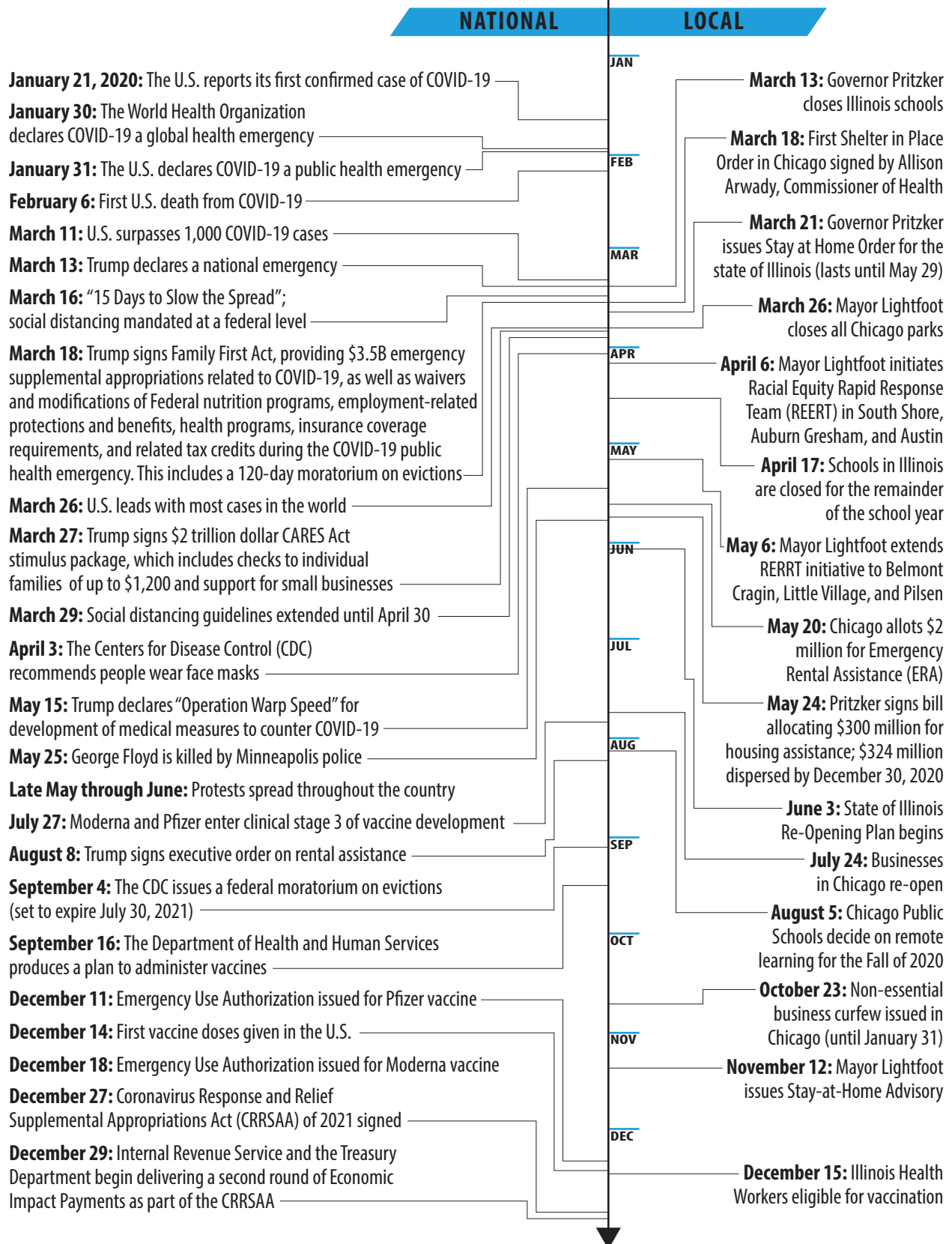
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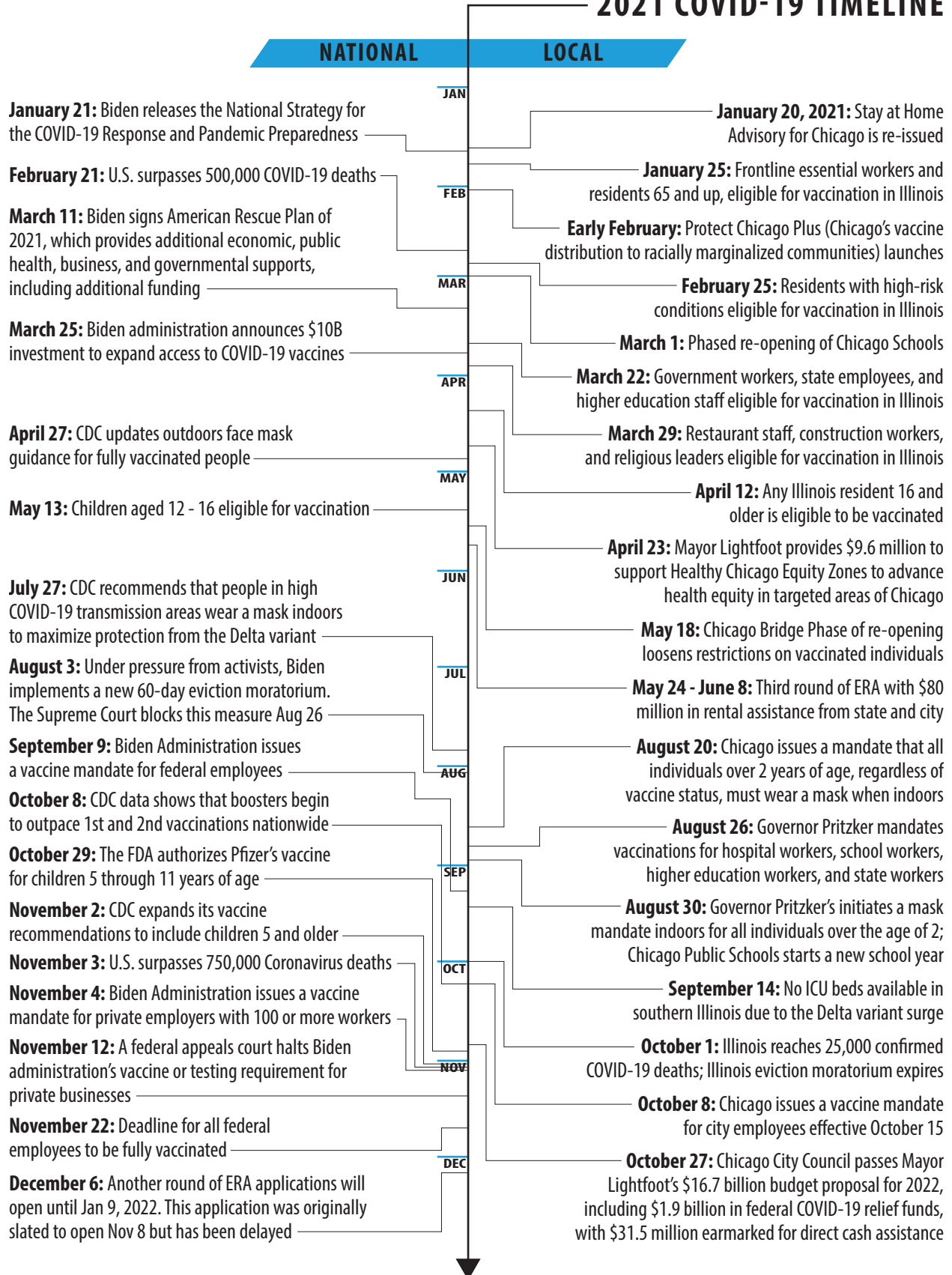
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2020 COVID-19 TIMELINE



2021 COVID-19 TIMELINE



CHICAGO COMMUNITY AREA MAP

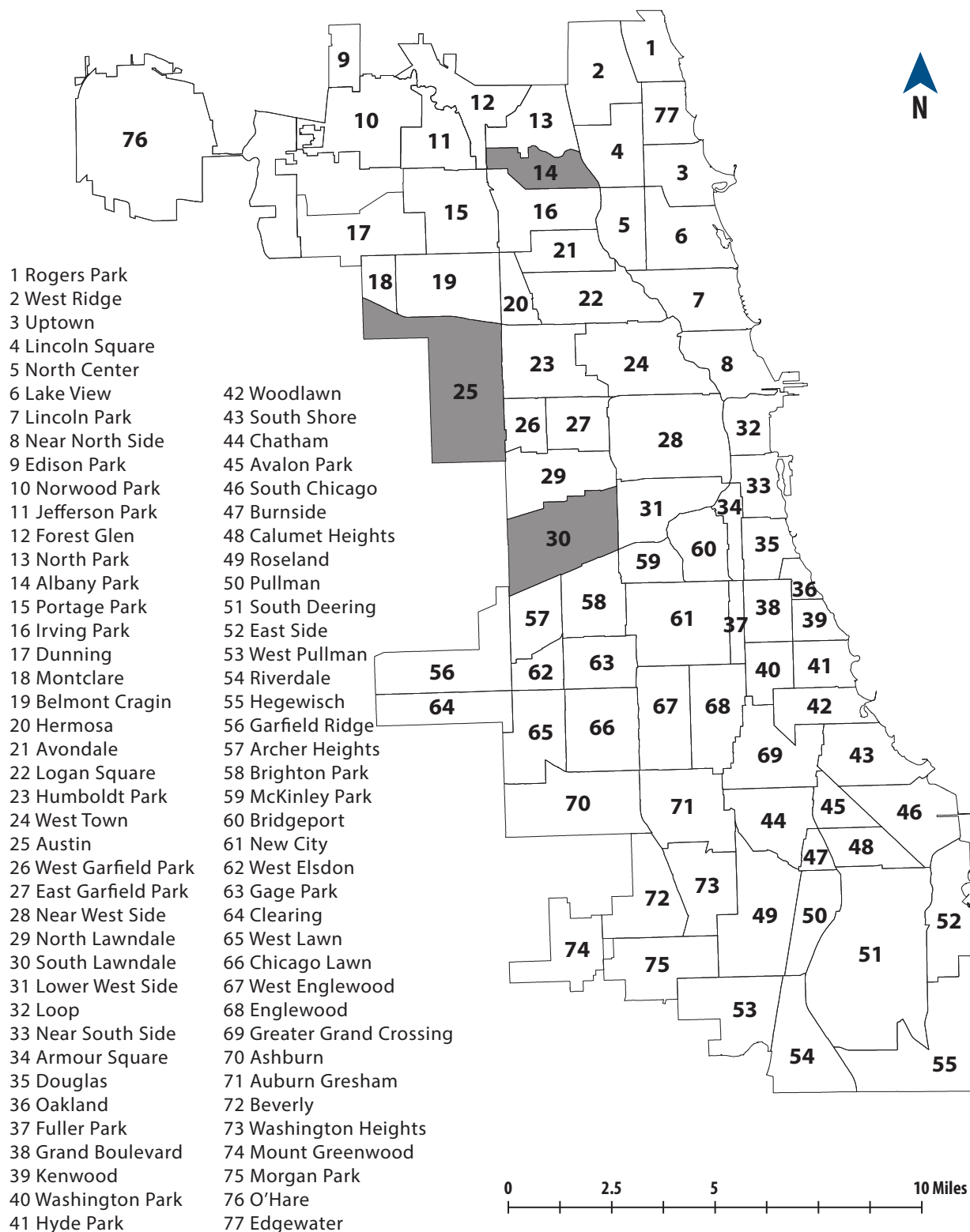


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EXECUTIVE SUMMARY

The COVID-19 pandemic has had a disproportionate impact on lower-income, Black and Latinx Chicagoans. During the COVID-19 pandemic, Chicagoans who were already racially, socioeconomically, legally, and physically vulnerable had higher infection, hospitalization, and death rates in addition to experiencing enhanced housing, food, financial, childcare, schooling, and health insecurity. Federal, state, and local governments have extended tremendous resources to address health and racial disparities associated with the pandemic, and yet, according to the 100 Chicago residents we interviewed for this project, the policies designed to help the most vulnerable have not met existing need. This report begins to explain why.

Drawing from interviews with dozens of state actors, epidemiologists, and healthcare providers and with one hundred residents of Chicago's Albany Park, Austin, and Little Village neighborhoods, we uncovered four reasons for the disconnect between policies and residents' experiences and needs:

1. As the pandemic unfolded, pre-existing structural inequalities meant lower-income Black and Latinx Chicagoans had no safety net to rely on and thus had few degrees of freedom to make choices to protect themselves and their families. They were forced to continue to work – often in public-facing jobs. In addition, they suffered worse health outcomes because they already faced health insecurity due to a lack of sufficient healthcare access and pre-existing medical conditions.
2. The COVID-19 pandemic was treated as a medical crisis but was experienced by the residents we spoke to as a much broader crisis in the realm of housing, employment, childcare, and schooling. Housing and financial vulnerability should have been addressed as public health risks that led to uneven exposure and death among Black and Latinx communities.
3. Policies prioritized the protection of the economy and the middle-class over meeting the needs of the most vulnerable.

4. The social assistance made available during COVID-19 did not meet existing needs, required extensive bureaucratic proof, and was reactive as opposed to proactive.

In this report, we focus our lens on the city of Chicago to understand policy missteps at multiple levels. We explore the various domains in which vulnerable residents of Chicago faced obstacles in accessing resources and support during the COVID-19 pandemic. The areas we cover include healthcare, mental healthcare, housing, financial insecurity, childcare and schooling, and social assistance. Each section highlights the policies that were developed to address the COVID-19 pandemic and uncovers the strengths and limitations of those policies through interviews with residents.

Healthcare

The private, market-based healthcare system in the U.S. has created a separate and unequal system in which lower-income, racially marginalized Americans struggle to get their health needs met. Federally funded Medicaid and Medicare provide fragmented services in often under-funded clinics and hospitals. Overall, the lack of healthcare access is itself a major problem but also leads to higher rates of chronic diseases, which can, in turn, lead to worse outcomes from COVID-19 infection.

The pandemic exacerbated existing inequalities in a number of ways:

- A lack of work protections or quarantine options for frontline workers meant lower-income Chicagoans were infected at work, and often spread COVID-19 to family members.
- Employment disruptions led to gaps in health insurance coverage and gaps in the ability to pay for medication.
- Wraparound services were disrupted during the pandemic.
- Technological divides made accessing tele-health care difficult.
- Grocery stores and pharmacies were closed during the 2020 racial uprisings, compounding nutritional disparities and complicating access to food and medication in already existing food and pharmacy deserts.

- In many areas of Chicago (including certain parts of Austin), residents have to travel great distances to access a hospital
- Because many hospitals in low-income communities are under-funded, residents reported negative past experiences with the quality of care and therefore tried to avoid going to the hospital during the pandemic.
- Even though the city extended testing and vaccination services in some lower-income communities, residents still struggled to access testing and vaccination services in these communities.

Mental Health

There are widespread national disparities in access to and quality of mental healthcare for racially marginalized people in the U.S. The closing of half of Chicago's community mental health clinics in 2012 fueled Chicago's mental health crisis and this crisis has been magnified by COVID-19 as vulnerable Chicagoans struggle to deal with isolation, anxiety, depression, trauma, substance use, violence, and racism.

- The 2012 closing of 50 percent of the community mental health clinics created an even bigger gap in racially or ethnically competent mental health resources for lower-income, racially marginalized communities.
- Federally Qualified Health Centers (FQHC) cannot fill the void left by the shuttering of community clinics, causing mental health care to be increasingly fragmented.
- Long-term mental strain caused by pre-pandemic precarity, racism, and other trauma compounded by the isolation, depression, anxiety, and grief brought on by the pandemic will be a lasting, traumatic legacy of COVID-19.

Housing

Housing vulnerability was recognized as a core problem early in the pandemic. Eviction moratoria and shelter in place orders were cornerstones of pandemic policy throughout the U.S. However, there was little recognition that securing safe, affordable housing for poor and working-poor people would meet a major public health need.

- Secure housing was critically important to staying safe during the pandemic, but housing programs have been designed to respond to the effects of COVID-19, not to prevent those effects in the first place.
- By treating housing as a private economic liability rather than a public health concern, the current policy framework for housing programs failed many residents of Chicago.
- Housing policies have been reactive, not proactive. Specifically, housing programs have largely focused on dulling the economic fallout resulting from business closures and unemployment rather than preventing COVID-19 outbreaks by empowering frontline workers to stay home and stay safe.
- Housing costs kept people going to work even when it felt unsafe and forced many to choose between having food to eat and paying the rent.
- Because informal arrangements, such as handshake agreements, roommates splitting costs, or cash payments, are critical for many families to access affordable housing, policies that required formal documents, such as leases and bank statements, to access rent assistance served as a barrier. These arrangements are not documented or formalized, so people in these arrangements do not qualify for pandemic rental assistance programs.
- The moratoria on evictions did not stop all evictions: many took place informally.

Financial Insecurity

Although federal, state, and local governments offered financial aid and unemployment relief, it did not address already existing employment insecurity and racial wealth gaps, which were exacerbated by pandemic conditions.

- Financial relief provided to businesses and employers of middle-class Americans was more robust than that given to lower-income Americans.
- Middle-class Americans were better able to shelter in place, work from home, and weather financial setbacks. Their ability to comfortably remain home, however,

also hinged on the continued labor of Chicagoans in public-facing jobs deemed essential, such as delivery, shipping, agriculture, and food production.

- Financial relief was limited and involved bureaucratic obstacles, so many lower-income Chicagoans kept working through the pandemic and faced mounting debt.

Childcare and Schooling

Childcare was a major source of stress during the pandemic, especially for Black and Latinx families.

- Black and Latinx parents, especially mothers, had few childcare options when schools closed. Many quit their jobs in order to stay home and care for their children.
- The disproportionate lack of resources that white, Black, and Latinx families have meant that many Black and Latinx children were not getting the educational supports that they needed for remote school (digital divides; language barriers; crowded housing leading to problems with separate spaces for schooling and work).

Limitations in the Social Safety Net

Vulnerable Chicagoans experienced delays, hurdles, and exclusions in receiving social assistance and unemployment benefits throughout the pandemic, further compounding their vulnerability.

- Certain groups were unable to access stimulus payments, including people who owed child support, were imprisoned, or were claimed as tax dependents. The undocumented were excluded from all pandemic relief.
- Social benefits entail rigid bureaucratic requirements meant to reduce fraud and are often linked to requirements to work in low-wage labor. These paternalistic logics create tremendous barriers that the most vulnerable often cannot surmount.

Mutual Aid

Mutual aid occurs when communities share resources and support with their neighbors, often in coordination with more formalized social movements mobilizing

for transformative change.¹ In the United States, mutual aid has a long history among racially and socially marginalized communities. For instance, Black and Latinx communities nationally and in Chicago were engaging in mutual aid before it became a pandemic catchphrase.

Although the city claimed a hyperlocal approach to racial equity during the pandemic, the residents we interviewed largely did not experience these benefits. These pandemic policies fell short because only certain vulnerabilities and certain areas of the city were targeted or because prior disinvestment in these communities made the need too great.

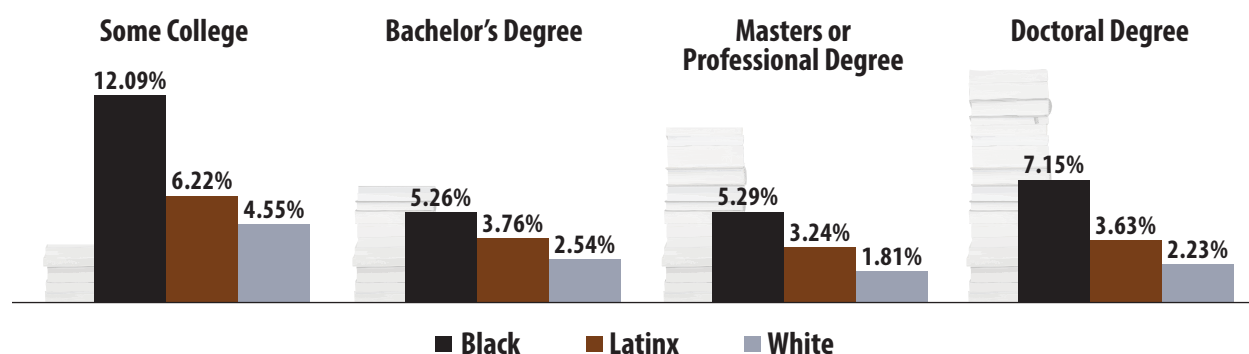
- Extended networks of support amongst Black and Latinx Chicagoans worked to fill gaps in state support. Residents built on long traditions of organizing among themselves to support vulnerable neighbors and sometimes built new organizations to meet new needs.
- The three neighborhoods studied in our research each bring a distinct context that influenced the manner in which each community organized to support one another.

INTRODUCTION: MORE THAN A MEDICAL CRISIS

Starting in March of 2020, the world has been radically transformed by the COVID-19 pandemic. As of mid-November 2021, over 330,000 residents of Chicago have been infected with COVID-19 and over 6,000 people have died.² Yet, it is a mistake to think of COVID-19 as solely a medical or health crisis. As we will show throughout this report, the effects of the COVID-19 pandemic have reverberated far and wide - with families experiencing financial insecurity, housing precarity, educational inequalities, and grief and isolation as a result of the disease and of the various responses aimed at mitigating its spread. At every juncture the consequences were not equally borne. Federal, state, and local governments formulated policies to address racial and class inequities. Yet these policies failed to protect lower-income people of color from bearing the brunt of COVID-19's worst outcomes.

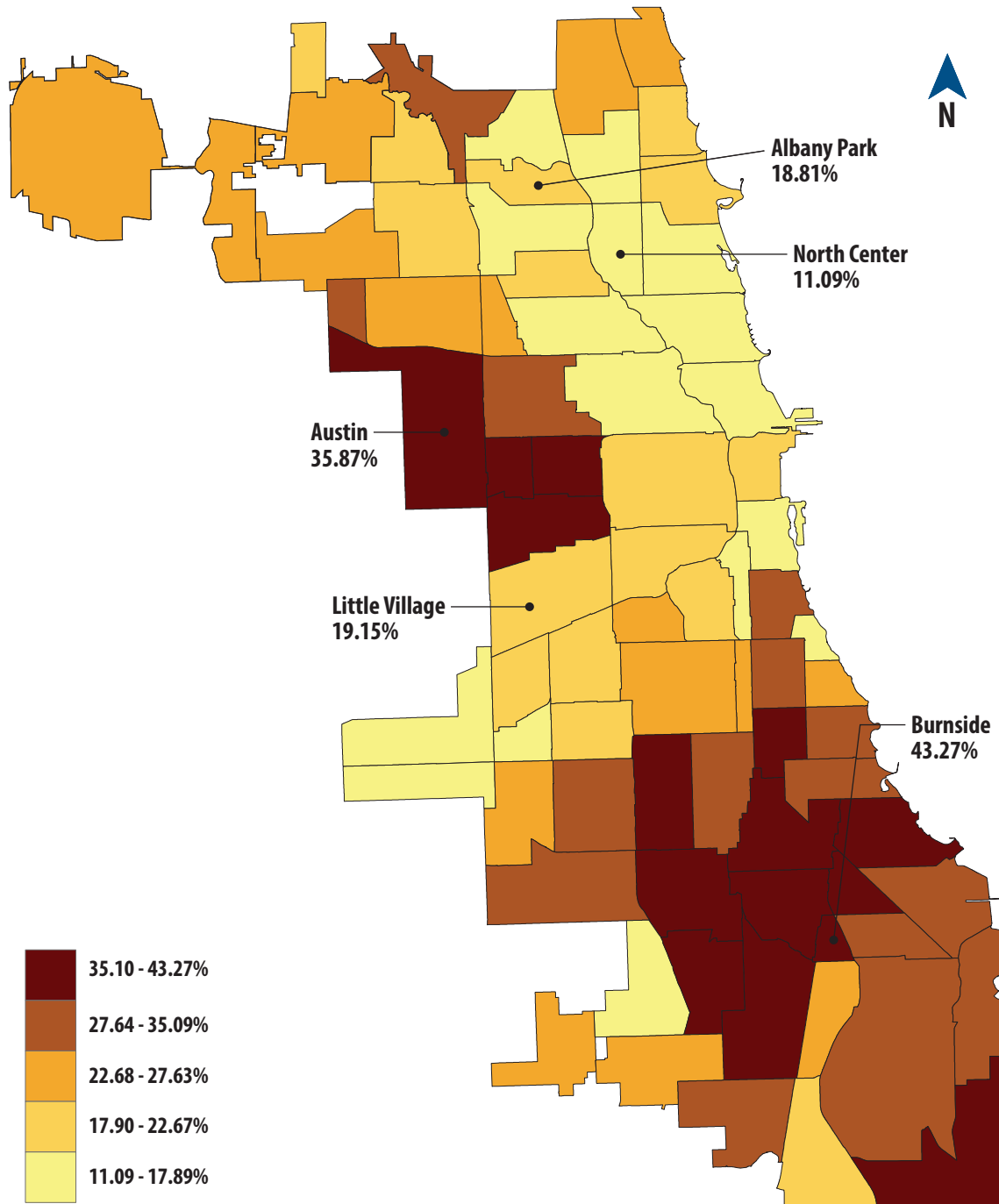
Prior to the onset of the COVID-19 pandemic, Black, Latinx, and white Chicagoans had widely divergent experiences of financial security, employment, housing, childcare, schooling, and healthcare because of Chicago's pervasive and consequential racial and class inequities.³ Chicago is a majority minority city, where white, Black, and Latinx residents each make up approximately one-third of the city's population,⁴ and Chicago remains as segregated today as it was 50 years ago.⁵ Black and Latinx Chicagoans often live in segregated neighborhoods of concentrated

5-YEAR ESTIMATES OF CHICAGO UNEMPLOYMENT FOR THE LABOR FORCE 25 AND OLDER BY EDUCATIONAL ATTAINMENT AND RACE, 2015 - 2019



Source: IPUMS USA, American Community Survey, 2019 5-Year Sample

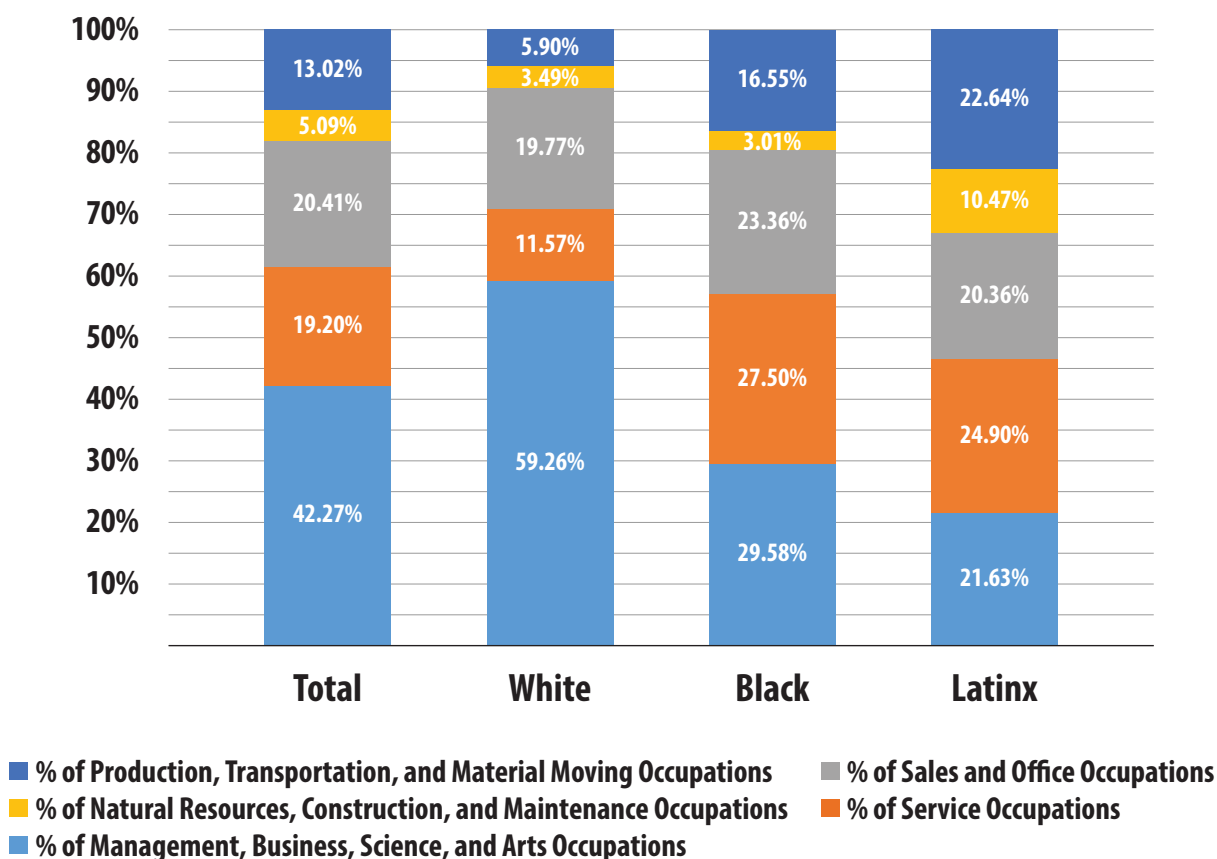
**PERCENT OF RENTER-OCCUPIED HOUSING UNITS THAT ARE
SEVERELY RENT BURDENED BY COMMUNITY AREA, 2015 - 2019**



Source: Chicago Health Atlas. Data: American Community Survey (Table B25070). Severely rent-burdened is defined as households spending more than 50% of income on rent. Rent costs do not include utilities, insurance, or building fees.

0 2.5 5 10 Miles

CHICAGO EMPLOYMENT BY OCCUPATIONAL CATEGORY AND BY RACE, 2015 - 2019

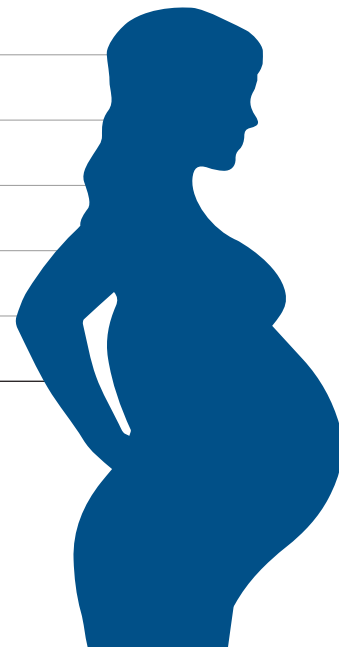
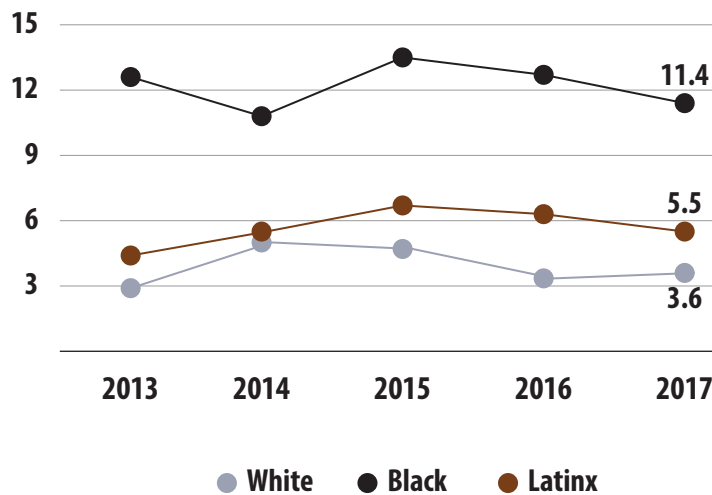


Source: U.S. Census, American Community Survey, 2019 5-Year Sample

poverty; experience high rates of unemployment and financial insecurity; struggle to access affordable and safe housing; are exposed to air, water, mold and land pollution; face barriers in accessing preventative healthcare, chronic disease management, and mental healthcare; and are highly surveilled and policed. Many Black and Latinx neighborhoods are inaccessible by public transportation, constitute food deserts, and either are health care/hospital deserts or host health institutions that are under-resourced and under-staffed. When the COVID-19 pandemic began, the full consequences of these inequitable conditions were felt in devastating new ways.

Chicagoans who were already racially, socioeconomically, legally, and physically vulnerable had higher infection, hospitalization, and death rates from COVID-19; in addition, these communities experienced heightened housing, food, financial,

INFANT MORTALITY RATE PER 1,000 LIVE BIRTHS IN CHICAGO BY RACE, 2013 - 2017

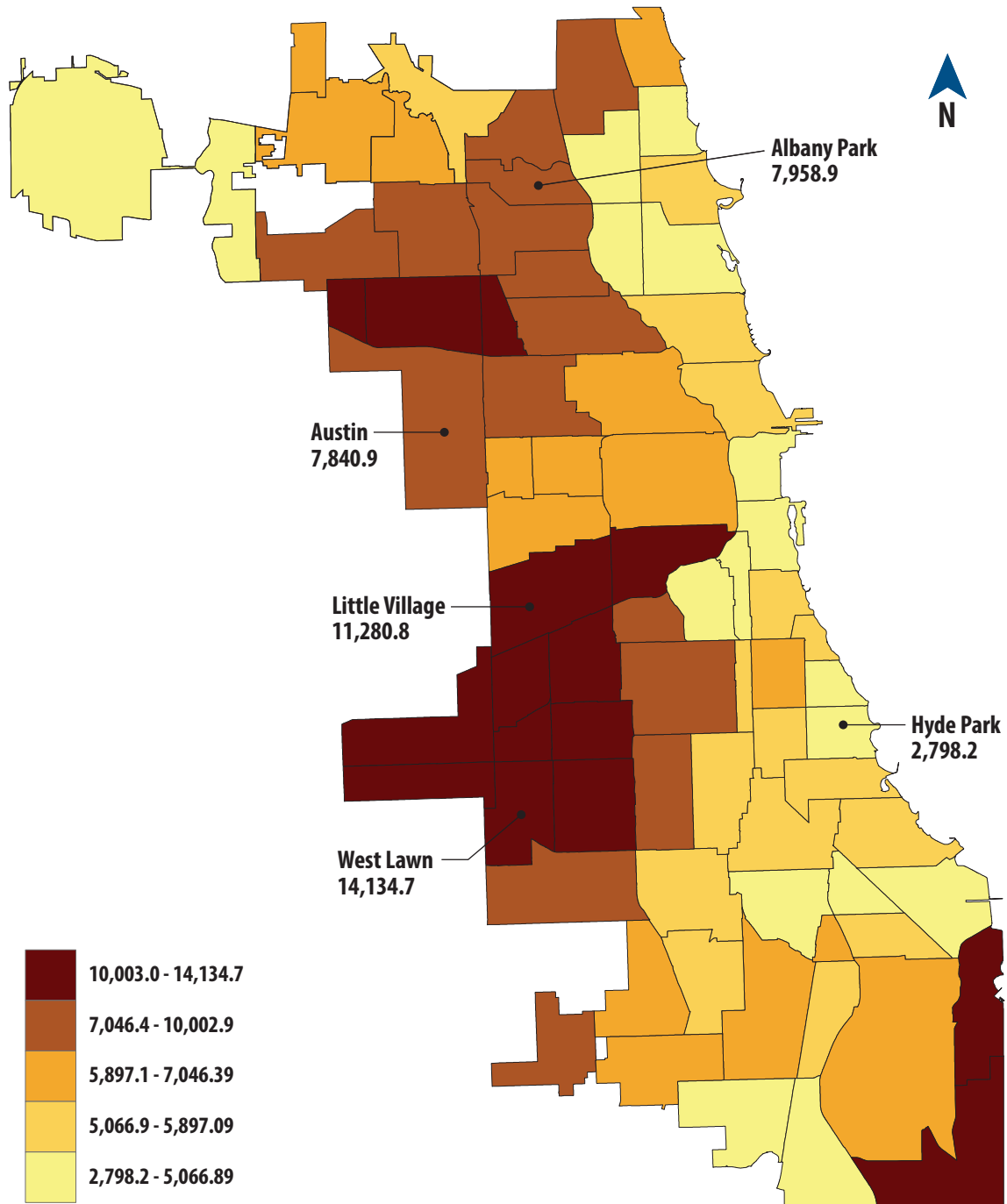


Source: Chicago Health Atlas. Data: Illinois Department of Public Health, Death Certificate Data Files and Birth Certificate Data Files

childcare, schooling, and health insecurities during the pandemic. Certain structural inequities, including patterns in employment, social networks, and multigenerational households, *rendered exposure more likely* for populations of color. Other structural inequities *rendered the disease experience worse*, leading to higher hospitalization and death rates. Finally, *disease mitigation strategies had unequal impact*. This was in part because communities that were already economically vulnerable experienced greater unemployment, financial hardship, lack of access to virtual schooling and childcare, technology barriers, and housing insecurity. But it was also in part because programs meant to mitigate harm for the most vulnerable had onerous bureaucratic hurdles which made accessing needed relief difficult. This report focuses on the multiple vulnerabilities that Black and Latinx Chicagoans are facing due to both the disease of COVID-19 and to the disease mitigation strategies put in place to stem the spread.

Inequities in COVID-19 outcomes were not surprising, nor were they ignored. When statistics first emerged to illustrate the disproportionate impact COVID-19 was having on Black and Latinx Chicagoans, Illinois state and city of Chicago officials responded quickly. Both Illinois state and city of Chicago officials adopted public health-focused, data-informed, “racial equity” policies to address the spread of the

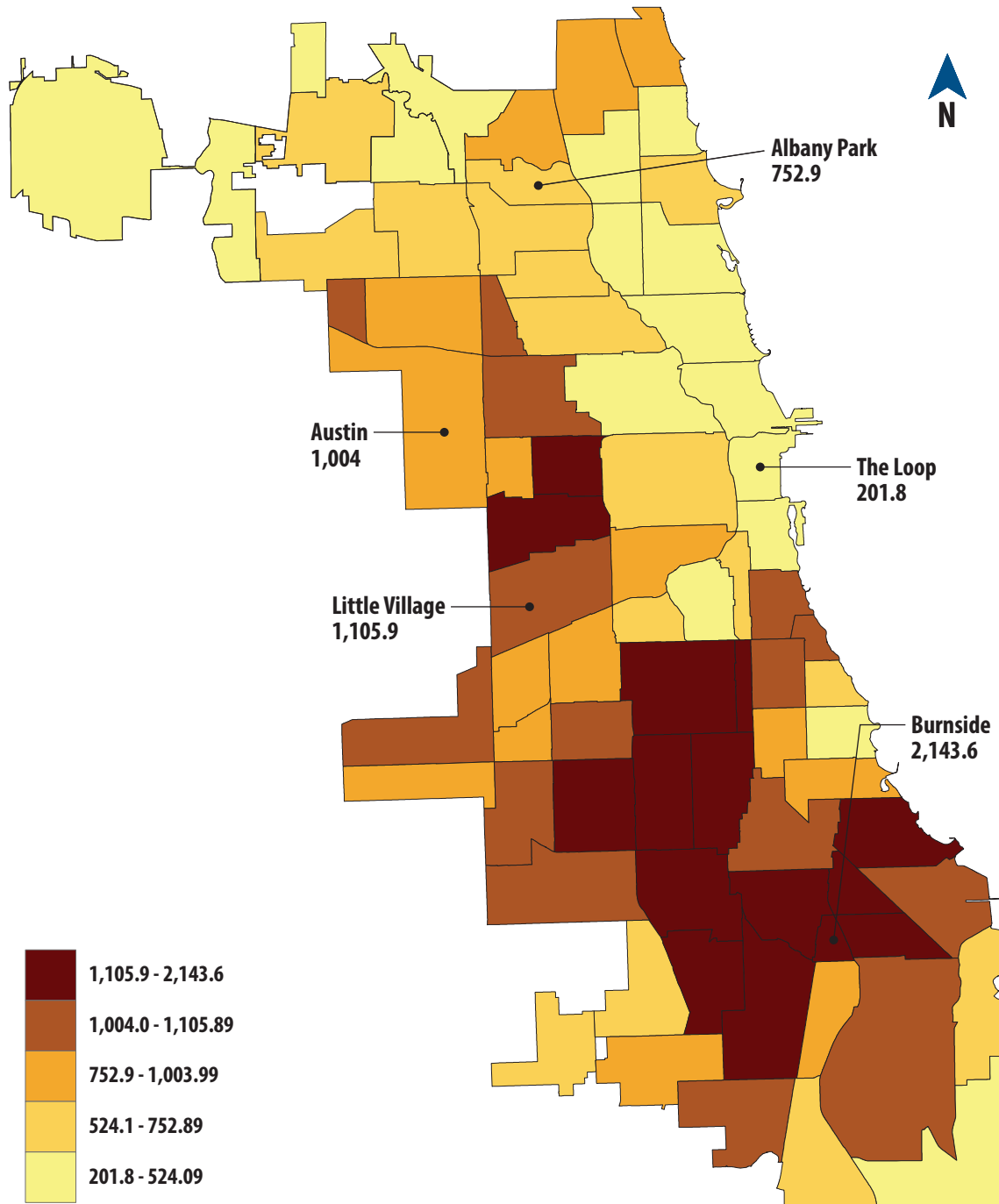
COVID-19 CASE RATES PER 100,000 RESIDENTS AND COMMUNITY AREA, 2020



Source: Chicago Health Atlas,
COVID-19 Case Rate by Community Area

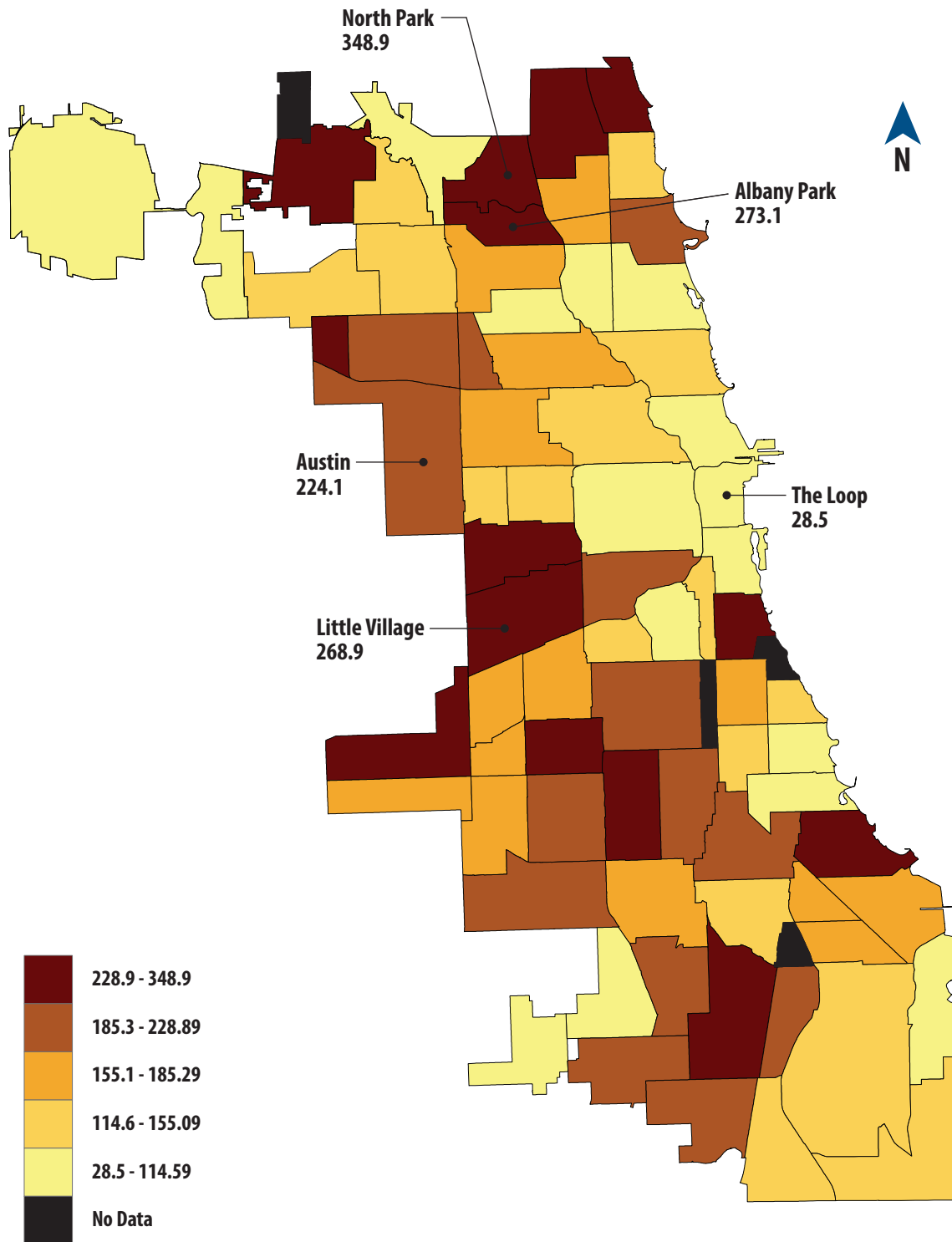
0 2.5 5 10 Miles

COVID-19 HOSPITALIZATION RATES PER 100,000 RESIDENTS AND COMMUNITY AREA, 2020



Source: Chicago Health Atlas,
COVID-19 Hospitalization Rate by Community Area

COVID-19 DEATH RATES PER 100,000 RESIDENTS AND COMMUNITY AREA, 2020



Source: Chicago Health Atlas,
COVID-19 Death Rate by Community Area

virus and its unequal outcomes. Governor Pritzker and Mayor Lightfoot dedicated resources to tracking racial statistics on infection and death; reduced barriers to testing and monitoring; and expanded surveillance, healthcare, and vaccination access in Black and Latinx communities.

Despite the quick public acknowledgement and government response to disparate patterns of infection, racially marginalized Chicagoans continued to experience disproportionate health, housing, and financial insecurity. Why weren't the policy responses more effective in mitigating health and social vulnerability? To answer this question, between August 2020 and October 2021 we interviewed 100 Chicago residents from Austin, Little Village, and Albany Park about their experiences during the pandemic. As a kind of policy audit of the equity framework the city employed, we purposively sampled neighborhoods the city had targeted for additional resources because they were facing high COVID-19 infection and death rates. We focused on these three in particular because of their racial, socioeconomic, and immigrant composition. We also interviewed 45 state and city officials, epidemiologists, health care providers, and community organizers. We identify what worked, what fell short, and what is needed to ensure the health and safety of vulnerable Chicagoans during and after the pandemic. Herein we draw on this data to provide a nuanced account of the experiences of marginalized residents during the first year of the COVID-19 pandemic (for more details on our research design see the appendix). In the next section of the introduction, we provide an overview of the main reasons policies failed to meet the needs of the most vulnerable residents of Chicago.

Why Didn't Policies Work?

The first set of factors that explain the disconnect between public policies and peoples' experiences during the pandemic are historic and structural. Decades of discriminatory policies and disinvestment in poor neighborhoods meant that **lower-income and working-class Chicagoans did not have a safety net to rely on during the pandemic.** The Latinx and Black working poor were made more vulnerable to infection because they were most likely to be employed in low-paying, front-facing jobs that were deemed essential. Latinx and Black Chicagoans, who already faced

financial and health insecurity, found that existing vulnerability was compounded by pandemic conditions, leading to higher rates of infection, hospitalization, and death. These conditions are not unique to Chicago, but Chicago's long history of residential segregation and neighborhood disinvestment exacerbated peoples' vulnerabilities.⁶

1 Lower-income and working-class Chicagoans did not have a safety net to rely on during the pandemic.



Second, at the federal, state, and local levels, COVID-19 has been treated as a health crisis, and it has been fought through a series of public health strategies, however the residents we interviewed did not experience COVID-19 solely or primarily as a medical crisis. For many good reasons, public officials focused efforts on disease mitigation including epidemiological modeling, social distancing and

masking, testing and contact tracing, and vaccination. During the first ten months of the pandemic, the bulk of federal funding was allocated to epidemiological responses.⁷ While many residents were being hit hard by the disease, getting sick and losing multiple family members, they recounted these impacts as only one component of a broader crisis of heightened insecurity linked to employment, social assistance, housing, childcare, schooling, and food access. These broader insecurities were a lower priority for federal, state, and local actors. In fact, as we explain below, if financial and housing security had been prioritized as a preventative public health strategy early on to protect the vulnerable, then marginalized communities may not have borne the brunt of infections and death.

2

At the federal, state, and local levels, COVID-19 has been treated as a health crisis, and it has been fought through a series of public health strategies, however the residents we interviewed experienced the pandemic as a much broader crisis.



Third, the COVID-19 response has prioritized middle-class Americans and the protection of the economy over keeping the vulnerable safe. Businesses were given extensive federal funding, and cities (including Chicago) rushed to re-open the economy (including restaurants, bars, and businesses) while many residents were still in crisis and struggling to cope with pandemic vulnerabilities. Labor protections and paid sick leave were not prioritized, which put poorer Americans, even those deemed “essential” workers, at risk of infection at work. Middle-class Americans were often able to work from home *because* poorly paid workers continued to labor in factories, shipping warehouses, meat-packing plants, agricultural sites, and along delivery routes.

3

The COVID-19 response has prioritized middle-class Americans and the protection of the economy over keeping the vulnerable safe.



Fourth, there were multiple problems with the way that social assistance was made available during the pandemic. As we detail throughout the report, multiple social assistance strategies were eventually put in place by federal, state, and local governments to address some of the economic reverberations of the pandemic, including stimulus payments, increases in unemployment benefits, and rental assistance. However, the socially vulnerable continued to struggle to get their most basic needs met. At best, social assistance efforts offered minimal harm reduction. To offset existing structural inequalities, much more extensive resource allocation was necessary. Residents often faced bureaucratic barriers in accessing financial and housing support that was offered, or payouts were extremely delayed. Further, financial and housing support were offered in a reactive fashion *after* residents had

Social assistance was made available during the pandemic in ways that prevented many who needed it from being able to benefit.



Source: City of Chicago Emergency Rental Assistance Program Application Status Descriptions

already experienced mounting debt, job loss, and financial insecurity meaning that financial and housing vulnerability were not treated *as a public health risk for the poor*. Such an approach pushed people to continue to work and be housed in vulnerable conditions. **Because the government did not design policies to keep poor people safe including cancelling rent, offering paid sick leave and work protections, providing cash assistance, and offering free medical treatment across hospital systems, poor people were forced to expose themselves to dangerous infectious situations at work, in public spaces, and at home.**

Failures of Chicago-Specific Policies

The four mechanisms outlined above begin to explain broadly why policies that were supposed to extend resources to vulnerable Americans did not meet existing needs. In this section, we offer a detailed overview of the local Chicago-specific mitigation policies and explain some of the reasons why local policies that were designed with lofty health equity goals did not always reach the most vulnerable. In the rest of the report, we elaborate on this analysis with data from our resident interviews.

When news began to surface in March 2020 that 70 of the first 100 deaths from COVID-19 were concentrated in Black communities,⁸ Mayor Lightfoot initiated the Racial Equity Rapid Response Team (RERRT), the city's hallmark "racial equity" initiative to combat health disparities in COVID-19 infections and death. She chose three neighborhoods for targeted intervention on the South and West Sides of Chicago, including one of our research sites: the Austin neighborhood. RERRT brought together city officials, Chicago Department of Public Health (CDPH) epidemiologists, hospital administrators, Federally Qualified Health Center (FQHC) providers and a community organization from each region. The RERRT initiative was designed to integrate health providers more fully into the neighborhoods in which they worked, and to address racial disparities in infections, hospitalizations, and death. One community organization from each of the six selected neighborhoods was chosen by the city to participate in order to provide feedback from local residents. Together, these RERRT teams designed testing and contact tracing efforts, held community education events, and organized food relief and other efforts to alleviate vulnerability in these highly impacted neighborhoods. In May 2020, when

“Decades of institutional inequities and obstacles for members of our Latinx communities are now amplified in this pandemic. And while we can’t fix generations of history in the span of a few months, we must advance equity in our public health response today.”

– Illinois Governor J.B. Pritzker, May 6, 2020 ⁹



it became clear that Latinx communities were also bearing the brunt of COVID-19 infections, three Latinx communities were added to the RERRT initiative, including one of our research sites: the Little Village neighborhood.

The RERRT initiative and several other efforts employed a “hyperlocal” racial equity strategy. For example, epidemiologists at CDPH created the COVID Community Vulnerability Index (CCVI), which merges social vulnerability matrices from the American Community Survey with COVID-19 infection, hospitalization, and death rates. In the early months of 2021, the CCVI was used to launch Protect Chicago Plus, which prioritized the 15 most vulnerable communities in Chicago for vaccine promotion and rollout. Local community organizers were able to use census-tract level data to target particular neighborhoods for vaccine education and/or heightened testing to improve vaccine uptake and testing access in vulnerable communities. Further, the city invested in providing Emergency Rental Assistance Programs for vulnerable residents facing rental arrears. (We describe this in detail in the housing section of the report.) In interviews, community organizers who participated in RERRT told us that city officials drew on organizers’ local knowledge and strategies to improve existing policies; therefore, the involvement of community organizers in RERRT was successful in these important ways.

Although RERRT represented an important advance in recognizing and attempting to address health inequities across Chicago neighborhoods, many of the community members we interviewed noted that they still struggled to access existing resources or stated that their broader needs remained unmet. There are several explanations for this discrepancy. First, in allocating resources, the city employed a scarcity framework. By scarcity, we mean an approach that assumes limited resources and therefore employs data-driven modeling to determine allocation of



“We will not stand idle as COVID-19 continues to disproportionately impact members of Chicago’s black and brown communities [...]. Protecting the health and wellness of all Chicagoans remains our top priority during this time, and [...we will] enhance outreach and education in these communities and prevent the further spread of COVID-19.”

– Chicago Mayor Lori Lightfoot, May 6, 2020 ¹⁰

scarce resources and supplies. Therefore, rather than thinking about how to redress structural inequities broadly, state actors used scarcity frameworks to direct resources strategically and selectively. With medical resources, such as testing and vaccines, the city determined which neighborhoods had the highest epidemiological risk and targeted them with brief spurts of programming and support. Even within targeted communities, we found that programs failed to reach many residents. For example, although Austin was one of the neighborhoods first targeted for interventions by the city, many residents we interviewed had difficulties accessing testing, were not contacted by contact tracers, and expressed vaccine distrust. The residents we interviewed suggested that despite the city’s “hyperlocal approach,” resources were not trickling down to all residents equally, and although certain organizations had the government’s ear and funding, others were struggling to meet high levels of community need.

To receive housing and financial support, residents had to demonstrate already existing vulnerability before resources would be allocated. Implementing social benefits through means-testing, where the burden rests on residents to prove their eligibility, is part of a decades-long tradition in the U.S. designed to prevent any possible attempt to defraud the system.¹¹ When implemented in this way, accessing social benefits include complex and cumbersome bureaucratic requirements that do not take into consideration work schedules, childcare access, language and technology barriers, lack of trust, and the ability to produce proof of eligibility in short windows of time. Especially in a time of crisis, these kinds of requirements meant that vulnerable communities could not access resources quickly or at all. In addition, the social assistance programs introduced were only made available to people after they had already experienced harm as opposed to proactively being implemented to prevent that harm and vulnerability in the first place.

In terms of healthcare, the city's main strategy was to invest funds in local Federally Qualified Health Centers (FQHCs) to expand services to vulnerable residents. This was an incredible resource but left large gaps. For example, FQHCs lacked staffing and technical support and because they focus on primary health, they could not help residents who required hospitalization. Lack of coordination between hospital systems, on top of longstanding inequities in access to hospitals, left vulnerable populations without systematic help in seeking care.

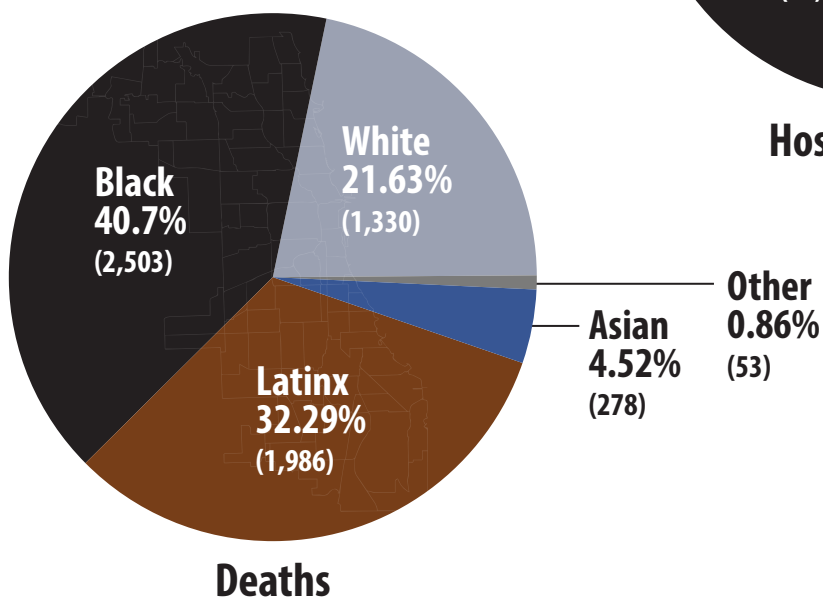
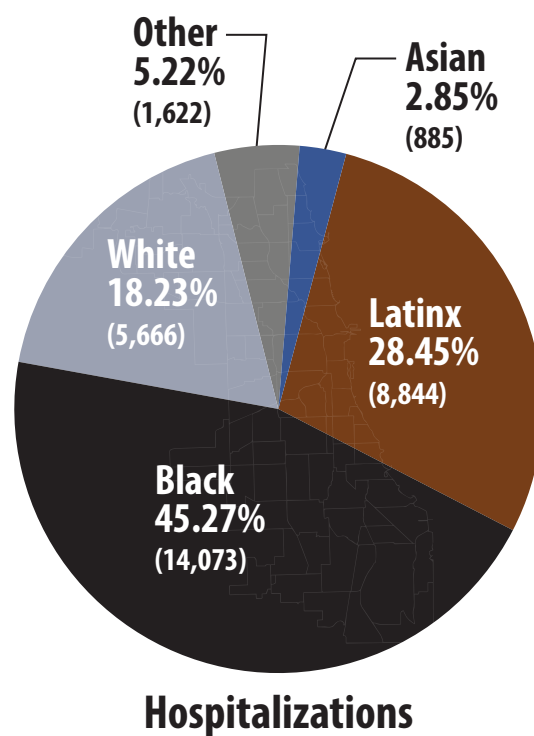
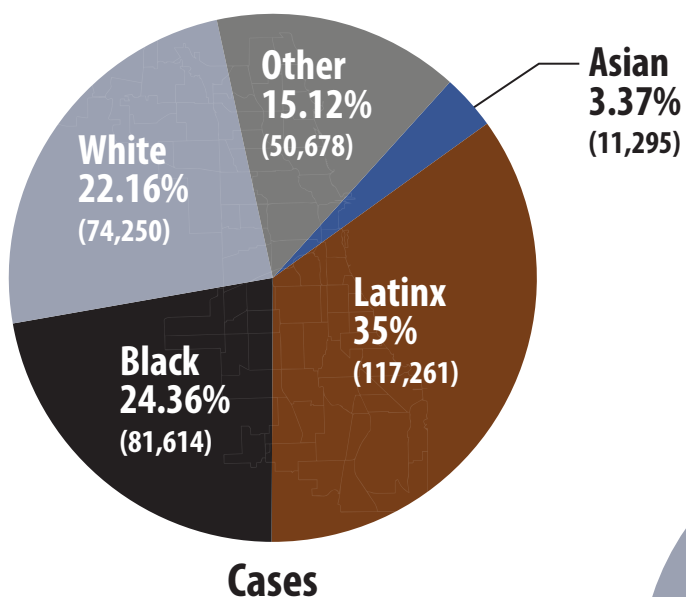
In sum, although the city was given extensive federal dollars, it still claimed it had limited funds to direct toward vulnerable communities. This led local leaders to use metrics like “vulnerability scores”¹² to rank neighborhoods in order to decide where to stage limited testing and vaccine drives. Housing and financial support was provided to those who could prove their eligibility but only after people went into debt as opposed to preventing vulnerability in the first place. Further, vulnerable communities faced bureaucratic difficulties in proving their eligibility, including language, technology and computer barriers; short windows of time to produce proof with delayed delivery of funds; and obstacles associated with childcare and work schedules. Resources were triaged in ways that often rendered broader structural problems invisible or unaddressed.

In what follows, we explore various social arenas in which vulnerable residents of Chicago faced obstacles and difficulties in accessing resources and support during COVID-19. The areas we cover include healthcare, mental healthcare, housing, financial insecurity, childcare and schooling, and social assistance. In each section, we outline how existing structural inequalities rendered lower-income, racially marginalized communities at risk. We explore how federal and local pandemic policies unfolded and how policies were received and utilized by the residents we interviewed. In this way, Chicago becomes both a lens for assessing the federal approach to COVID-19, as well as a means of auditing Chicago-specific policies and their successes and weaknesses. In each section, we offer suggestions for how public policies could have better met the needs of the residents we interviewed.

Because the government did not design policies to keep poor people safe including cancelling rent, offering paid sick leave and work protections, providing cash assistance, and offering free medical treatment across hospital systems, poor people were forced to expose themselves to dangerous infectious situations at work, in public spaces, and at home.



**CHICAGO COVID-19 CASES, HOSPITALIZATIONS, AND DEATHS
BY RACE THROUGH NOVEMBER 17, 2021**



Data: City of Chicago, Health and Human Services

THREE CHICAGO NEIGHBORHOODS

Taken as a whole, Chicago is a racially and ethnically diverse city that is also deeply segregated. Systemic racism in policy and practices have concentrated white, Black, and Latinx residents in different parts of the city.¹³ For this reason, when we began the study, we recognized that we would need to target multiple neighborhoods in Chicago to capture the experiences of different racial/ethnic communities during the COVID-19 pandemic. Our neighborhood level focus is also necessitated by our hope to examine the hyperlocal approach taken in the city's public health response, which allocated different levels of government resources to different neighborhoods. We decided to focus on residents of three distinct neighborhoods in Chicago: Austin, Little Village, and Albany Park. Using the same sampling technique in each neighborhood, we interviewed essential workers and people who lost work due to the pandemic; therefore, we focused our interviews on people facing different kinds of vulnerability.

In this section, we offer a brief overview of each neighborhood.¹⁴ The data presented in the tables that follow are selected to illustrate some of the vulnerabilities that have been associated with the spread of COVID-19 such as large households, reliance on mass transit, and age of residents. As an illustration of the disproportionate impact on these neighborhoods, in 2020, 1.75 out of every 1,000 Chicago residents died of COVID-19 while that number was 2.24 for Austin, 2.69 for Little Village, and 2.73 for Albany Park.¹⁵ These numbers mean that a greater proportion of residents have died in these communities than was typical for Chicago neighborhoods, with Little Village and Austin facing very high proportions of death compared to the city. Furthermore, up-to-date city data through 2021 of cases, hospitalizations, and deaths from COVID-19 starkly shows that Black and Latinx Chicagoans throughout the city have been the most impacted by the pandemic.

In 2020, 1.75 out of every 1,000 Chicago residents died of COVID-19 while that number was 2.24 for Austin, 2.69 for Little Village, and 2.73 for Albany Park.

CHICAGO NUMBERS THAT COUNT

Demographic and Economic Variables for Our Study Areas and Chicago

	Austin	Little Village	Albany Park	Chicago
Total Population	93,727	72,157	49,806	2,709,534
Foreign Born	6%	38%	40%	21%
Male	46%	57%	50%	49%
Female	54%	43%	50%	51%
Black	78%	12%	5%	29%
Latinx	15%	83%	45%	29%
White	6%	4%	32%	33%
Asian	0%	0%	15%	7%
Median Age	37	32	34	35
Median Household Income	\$36,317	\$34,364	\$61,597	\$58,247
Median Monthly Housing Cost	\$1,059	\$851	\$1,236	\$1,241
Household Size	2.88	3.46	2.95	2.48
Workers (16 and Over)	36,057	24,665	25,807	1,328,439
Public Transit Use	28%	18%	31%	28%

Source: U.S. Census, American Community Survey, 2019 5-Year Sample

Austin

It's a close-knit neighborhood. Everybody watch out for everybody. We check on everybody. We call. I had a neighbor across the street, who's like 79, pass last month due to the COVID. I was goin' over there 'cause they have [...] gates around their house [and] [the garbage collection] couldn't get in there. I was doin' that. (10/16/20)

Chicago's West Side is characterized by large neighborhoods with fewer commercial strips and often lower-density housing compared with the North or South Sides of the city. These are neighborhoods where a car makes a big difference in getting to work on time and running essential errands. Austin was selected for this study both because it is a large, predominantly Black neighborhood and because it has been less represented in social research than many neighborhoods with a similar racial makeup on Chicago's South Side. Policymakers and government officials also recognized Austin as a site of pandemic vulnerability early on, and it has been a primary target

of city and state policies to address these vulnerabilities throughout much of the pandemic. Austin is both a neighborhood that faced clear structural vulnerabilities before COVID-19 and a neighborhood where these vulnerabilities have also been clear to experts and policymakers from the first days of COVID-19 outbreaks in the city. In fact, our interviews with care providers at local FQHCs revealed that testing resources were being directed to sites in Austin through government agencies in April and May of 2020.

As the descriptive data indicate, nearly 90 percent of Austin residents are Black, few are foreign-born, and household income is less than the median household income of the city by more than \$20,000. Despite this, monthly housing cost in Austin is approximately 85 percent of the average across the city. Indeed, the median housing cost for 12 months in Austin is 35 percent of the median annual income for a household. The low number of transit users in Austin, while perhaps decreasing the risk of COVID-19 exposure in transit, reflects the fact that Austin is poorly served by the elevated rail infrastructure in the city and is largely reliant on buses, which adds to many residents' struggles to find reliable employment.

Little Village

Growing up, I always thought Little Village was Mexico. I could've sworn that I left a foreign country after I left Little Village, and I always thought it was a party neighborhood. I always told my mom, "Why not buy in the party neighborhood?" Everybody had music. There was people selling stuff. Just people everywhere. (5/18/2021)

Little Village is one of several population centers for Mexican-origin families in Chicago and included here because it was one of the first predominantly Latinx neighborhoods targeted for COVID-19 intervention in the city. Historically, the Latinx population in Chicago, about one-third of the overall population, has typically measured better in health outcomes and suffered fewer deaths than the Black population during disasters such as the 1995 Chicago heat wave.¹⁶ This was not true of patterns in COVID-19 infection. During the outbreak of the disease, because of their precarious financial situations, the residents of Little Village often had to continue working regardless of whether they were deemed essential or had adequate protections. Little Village households are also, on average, larger than

households elsewhere in the city. The economic and household factors became major vulnerabilities for COVID-19. For these reasons, Little Village has been an important place for tracing how health equity policies have been able to pivot as more is learned about how COVID-19 spreads.

The neighborhood is 75 percent Latinx. Many residents are likely included in the “other” category for race, accounting for why 30 percent of the population identified with this label over available racial categories. Like Austin, the median household income of residents in Little Village is much lower than Chicago overall and 56 percent of what it is in Albany Park. Housing costs in Little Village, however, are also lower than any other neighborhood included here, meaning that 12 months of median housing costs are approximately 30 percent of the median household income in the neighborhood. Like Albany Park, Little Village also has a substantial foreign-born population. Recruiting residents proved difficult in Little Village for some of the same reasons that residents of the neighborhood struggled to access state and city resources: language barriers, security concerns for those who are undocumented, and access to technologies needed to interview and receive payment electronically.

Albany Park

I really like that there is this crazy diversity of food options. Also, I’m Filipino, and most of my other Filipino friends also live in this neighborhood. When my family immigrated from the Philippines they immigrated to this neighborhood, ... I also ended up here too. ... I feel like if I needed something, I would know who to ask if I didn’t know where to go. (3/5/2021)

Albany Park was selected for this study because of its diversity along racial/ethnic and socioeconomic lines. Even though certain communities in Albany Park faced severe impacts from the pandemic, the neighborhood was not targeted under Chicago’s COVID-19 policies and programs. While overall Albany Park zip codes still had more deaths per capita due to COVID-19 than Chicago overall, there are many community members who were impacted very little due to their status as affluent, white professionals. Our interviews from Albany Park reflect the experiences of residents who do not live in an area targeted by official policies, regardless of how their household or immediate community has been impacted.

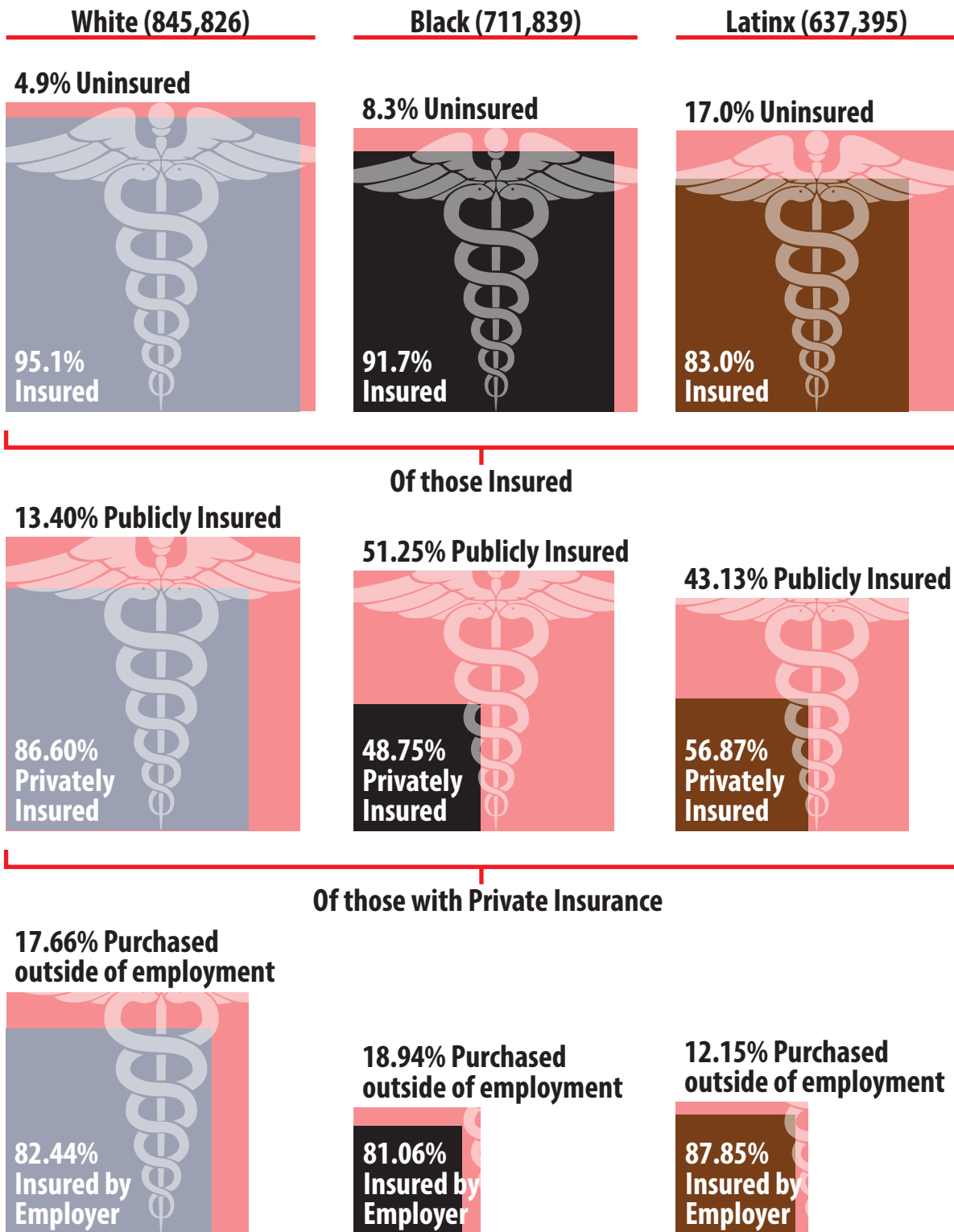
Approximately one third of the residents of Albany Park are white and almost half are Latinx. Asian residents account for 15 percent and are the bulk of the remaining population. This makes the racial makeup of its population significantly different from the other two neighborhoods we studied: it is the only neighborhood where white people are the most numerous residents and the only neighborhood where one racial or ethnic group is not a clear majority. It is also the neighborhood that is arguably best connected to public transit of these three areas, reflected in the large number of transit users, even if the commute to downtown Chicago remains approximately one hour. However, Albany Park is also by far the most expensive of these three neighborhoods to live in, with housing costs approximately \$400 more per month than Little Village and almost \$200 more than Austin, putting it slightly below the median housing cost for Chicago overall.

CHICAGO NUMBERS THAT COUNT

Demographic Variables of Our Study Area Respondents by Community Area

	Austin	Little Village	Albany Park
Total Respondents	40	20	34
Interviews in Spanish	0	7	7
Male	15	5	8
Female	25	15	25
Non-binary	0	1	1
Black	39	5	3
Latinx	1	14	14
White	0	0	12
Asian	0	1	3
Median Age	55	37	39
Unemployed (or lost significant work due to the pandemic)	17	12	14
Essential Workers (non-healthcare)	8	5	13
Healthcare Worker	6	2	5
Social Security Benefits and/or Retired	9	1	2
Had Children Living in the Household	10	11	16

**PRE-PANDEMIC HEALTH INSURANCE RATE ANALYSIS
FOR CHICAGOANS BY RACE, 2015 - 2019**



Source: IPUMS USA, American Community Survey, 2019 5-Year Sample

HEALTHCARE

In Chicago, there are several healthcare resources available to vulnerable communities. Illinois was one of the states that expanded Medicaid coverage under the Affordable Care Act (ACA) in 2013 to adults who earn 138 percent of the federal poverty level or less. According to the healthcare providers we interviewed, ACA expansion significantly cut back on the number of uninsured patients in Chicago. Now, most of the uninsured either require help enrolling in Medicaid coverage or they are undocumented immigrants. Undocumented immigrants are not eligible for benefits under the ACA,¹⁷ although undocumented residents of Illinois who are 65 or older can access Medicaid-like benefits.¹⁸ In addition to the expansion of insurance made possible through the ACA, vulnerable residents in Chicago can access healthcare through one of the Federally Qualified Health Centers (FQHCs) in Chicago. FQHCs are subsidized by the U.S. Health Resources and Services Administration (HRSA) and they accept all patients regardless of their ability to pay. FQHCs accept Medicaid and Medicare (as well as all private insurance) and there is an income-based sliding fee for those without insurance. They also help patients access reduced co-pay medications through the HRSA 340B Program and connect patients to specialty and hospital care when needed. More recently, the city of Chicago used CARES Act and American Rescue Act funds to channel additional resources, such as personal protective equipment (PPE), licenses for telehealth technology, coronavirus tests, and vaccines to safety net hospitals¹⁹ and FQHCs throughout the city to address COVID-19 pandemic-related vulnerabilities.

Despite the additional resources provided to vulnerable communities, the people we interviewed still faced serious obstacles to addressing their health needs during the pandemic. Why? In what follows, we first explain some of the barriers to healthcare access that existed for vulnerable communities prior to the start of the pandemic and then detail the ways in which lack of policy attention to these existing disparities concentrated the worse outcomes from COVID-19 in already vulnerable communities. Because the U.S. has a profit-driven, market-based healthcare system in which the private insurance industry serves as a major gatekeeper to healthcare access, the pharmaceutical industry regulates drug pricing, and citizens are not guaranteed coverage for medical services, vulnerable communities have long

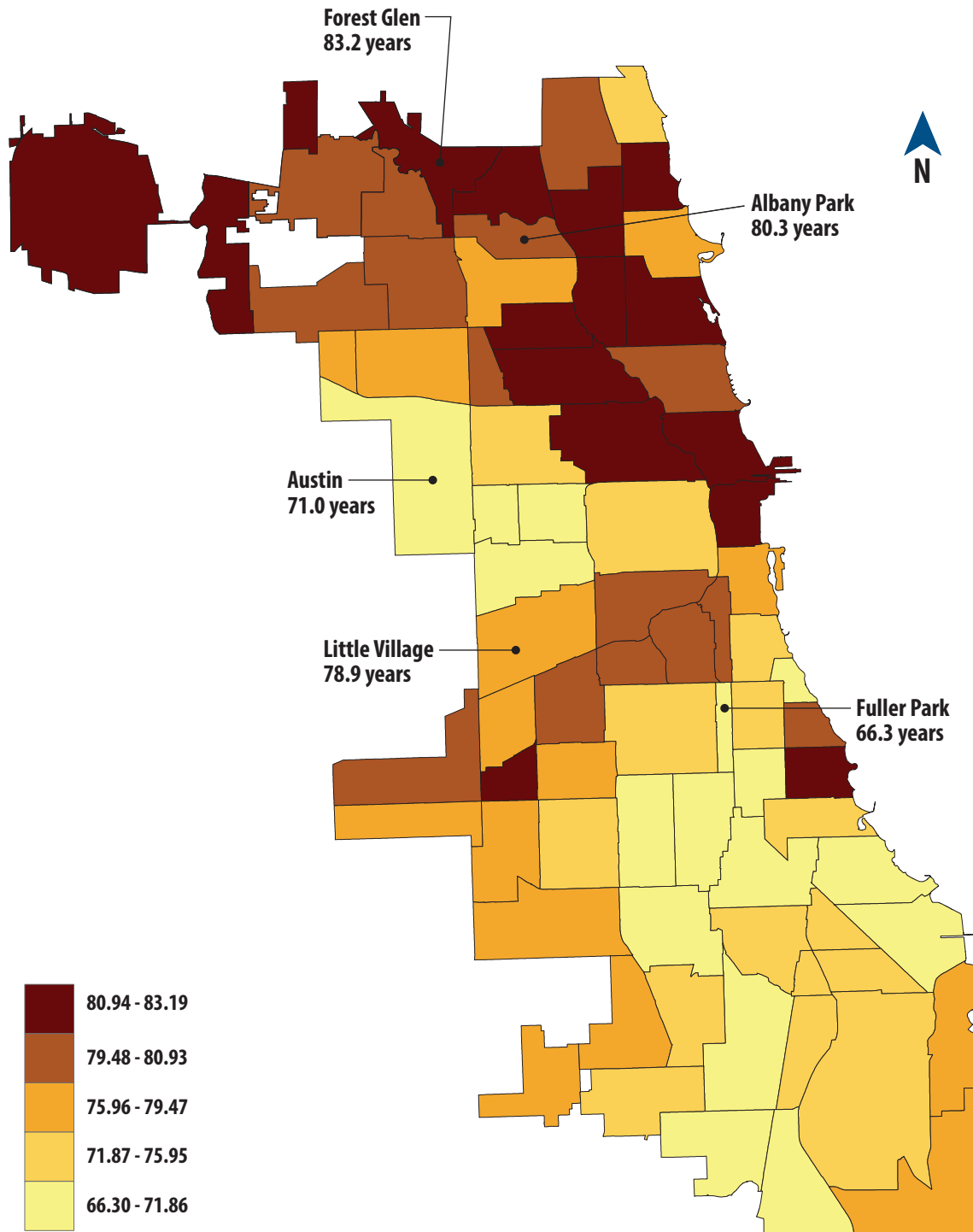
struggled to access even basic healthcare. The market-based approach to healthcare has resulted in profound health disparities based on one's access to insurance through employment or ability to pay for it otherwise. As was true nationally, poor and working-class residents of Chicago were hit especially hard during the pandemic because of these pre-existing disparities in access to quality health care. There are also important Chicago-specific determinants of risk that unfolded during the pandemic. We provide evidence of these dynamics through our interviews with health providers and medical officers at FQHCs as well as residents of our three neighborhoods.

General Barriers to Healthiness and Healthcare Access

I think that the Medicaid system in Illinois is racist. I know that's a big word. It's really a perfect example of systemic racism. Because what happens is 54 percent of the people on Medicaid in Illinois are people of color. At the same time, Medicaid pays pennies on the dollar compared to private insurance. People of color in our system, in Illinois, we as a society pay less for their healthcare [...] which means that they're gonna get less healthcare. (Dan Fulwiler, CEO of Esperanza Health Centers, April 16, 2021)

In this quote Dan Fulwiler, the CEO at Esperanza Health Centers, an FQHC that operates in largely Latinx communities in Chicago, explains how the structure of healthcare funding impacts the quality and amount of healthcare made accessible to different communities. The healthcare system in the U.S. creates what Harriet Washington refers to as “medical apartheid”²⁰ – wherein the wealthy enjoy technologically advanced, premium preventative, and specialty healthcare, and the poor experience under-resourced, fragmented, and substandard care. The consequences of this reality were laid bare in dramatic ways by the disproportionate toll the coronavirus took in Black and Latinx communities. And, as we argue throughout this report, community health is not simply about healthcare and disease, but is intimately linked to affordable housing, financial stability, and the safety of communities. These, along with poor access to healthy foods, safe outdoor spaces, and disparate experiences of trauma and inequity, lead to what Rush University doctor and professor David Ansell refers to as a “death gap”²¹ in Chicago – the nine-year difference in life expectancy between residents of wealthy and poor neighborhoods in the city.

AVERAGE LIFE EXPECTANCY IN YEARS BY COMMUNITY AREA, 2019



Source: Chicago Health Atlas. Data: Illinois Department of Public Health, Death Certificate Data Files

Addressing the “death gap” requires that we understand the specific barriers that poorer, racially marginalized populations face in accessing healthcare in Chicago. In our interviews, FQHC providers pointed to the opaque nature of health insurance coverage and the structure of health provision. Although most vulnerable communities are eligible for Medicaid and FQHCs provide services regardless of peoples’ ability to pay, many vulnerable patients do not know that they qualify for Medicaid, how to enroll in the program, or that they are entitled to care at FQHCs regardless of their insurance or ability to pay. Further, Medicaid is managed by private corporations, and each of these managed care programs have different rules and networks.²² Hospitals, specialty care, or private physician networks may accept one type of Medicaid managed care and not another. Medicaid does not reimburse clinicians at high rates, so doctors and health systems are not incentivized to accept Medicaid patients. Often, a procedure or medication that is covered one year by a particular Medicaid managed care plan will not be covered the next. Medications can be extremely expensive, even with Medicaid subsidies, especially for those on multiple drugs.

Referral for specialty care can be exceedingly expensive and difficult to find with the only option for people without insurance being to attend specialty services at Stroger Hospital through the County Health system, but the waitlists are extremely long. For those on Medicaid, it is possible to find other options through charity programs at safety net hospitals, but these often lead to hidden fees that can set people back financially. Further, technology and medical prostheses are often not covered by Medicaid or Medicare. For example, one Black woman from Austin told us that she is on Medicare and while her examination for a sprained ankle was covered, the leg brace cost her \$254. *“I have to pay some of my income towards paying some of these high medical bills [...]. Then when you don’t pay ‘em, some of ‘em mess up your credit [...]. We need to have a change with the medical care”* (4/5/21). In addition, when people are referred for specialty appointments, they sometimes have to make their own appointments, may lack knowledge and language skills to do so, and may suffer transportation barriers in getting to their appointments. According to one FQHC provider, *“there are barriers upon barriers upon barriers”* (3/18/21). In fact, language, transportation, and work schedules are barriers for all kinds of services in the fragmented health system in the U.S.

Further, Dan Fulwiler told us that safety net hospitals who rely on Medicaid and Medicare payments from the state have no financial cushion. They are frequently in danger of closing or cutting services, such as birthing centers, *because* most of their patients are on Medicaid and *because* Medicaid payments are not sufficient to cover hospital expenses and/or are often delayed. Safety net hospitals generally rely on FQHCs to provide primary care. And, in fact, during COVID-19, FQHCs were doing the bulk of the provision of care because safety net hospitals were so under-staffed and under-resourced.

Vulnerable communities also often face the dangers of living in “trauma deserts.” A trauma desert refers to areas of the city where nearby hospitals do not run trauma units, forcing ambulances to travel long distances to find a hospital that can treat traumatic injuries such as gunshot wounds. A recent study found that 79 percent of Black residents of Chicago live in trauma deserts.²³ One Austin resident explained, *“So many people die trying to make the run [...]. Right now, we’ve got the busiest trauma units [...] - more busy than Pizza Hut”* (4/21/21). Overall, the market-based approach to healthcare in the United States already disadvantages lower-income and undocumented Americans, and the pandemic intensified these existing health disparities.

Exacerbation of Disparities in Pandemic Conditions

All of the previously mentioned existing fault lines for healthcare were intensified by the COVID-19 pandemic. In this section, we will discuss seven different ways that inequities in healthcare played out during the pandemic. The first set of factors are national in scope but had local impact. For these, we use the experiences of Chicagoans as a lens to understand federal policies that failed. These include a lack of work protections for essential workers; gaps in health insurance coverage created by pandemic conditions; pre-existing health conditions and chronic disease management; and technological barriers. The second set of factors we focus on are associated with local policies. Here we show how actions made by city actors exacerbated existing inequities rather than mitigating them. The community patterns that policymakers failed to address include food deserts, a fear and distrust of hospitals, and poorly resourced or closed hospitals.

First, working-class and working-poor essential workers were not given paid leave time or work protections. This meant that many essential workers were exposed to the coronavirus at work or went to work sick because they were forced to choose either financially supporting their families or keeping them safe from infection. When speaking to city officials about the spikes in COVID-19 positivity rates in Latinx neighborhoods, we specifically asked how the city tried to protect workers from infection. One city official who worked directly on the COVID-19 response said, *“We dealt with it a little bit. I won’t say that we were super-duper effective”* (3/24/21). She went on to say that they did host workers’ rights educational sessions in certain neighborhoods, but the city itself did nothing to try to protect essential workers in these conditions. This turned into a massive health risk that went completely unaddressed during the pandemic. As one FQHC provider from Albany Park explained,

Our patients were doing construction, housekeeping, working in grocery stores, factories, Amazon [...]. They were in jobs with very few rights as workers [...]. They had [... employers] putting them in harm’s way or not letting them follow safety precautions [...]. They didn’t have the option of complaining. It was either they did the work, or they got fired. In these marginalized groups, there are very few options to speak up and advocate for yourself [...]. So we have a lot of patients coming in that were sick, and they [...] were getting it at work [...]. I feel like people were trying to be as safe as they could be. (Dr. Kate Laslo, Erie Family Health, 5/17/21)

Dr. Elias Murciano, an FQHC provider at PrimeCare Health, also talked about the failure to protect workers as a fundamental cause of the city’s public health crisis. When businesses that rely on low-wage labor were allowed to remain open, then *“workers are forced to jeopardize public health and not seek care in order to remain employed”* (Interview, 3/18/21). Dr. Murciano emphasized that workers should have been protected with paid sick leave, and that the city and country took advantage of them, which increased existing vulnerabilities exponentially. Moreover, many of those who did choose to stay home lost employment. As another FQHC provider explained, lost work, *“creates a cascade of social consequences for folks about stability of food, for housing, for paying bills that can create a lot of fear [...] especially when you don’t know when you may go back to work”* (4/22/21).

Related to this, for those workers who had been fortunate enough to have employment-connected health care before the pandemic, the insecurity of employment during the pandemic had the compounding effect of disrupting healthcare. Families then had to choose between paying for rent, medicine, food, or insurance. Many community interviewees talked about this disruption in medical insurance, and for those with chronic conditions, this was exceedingly difficult to manage:

They take all the medical stuff from us that people with a chronic illness need. How are we gonna get well [if] we can't get no medication. If I don't get the insulin I'll die. You take it away from me as you try to be a politician. You want to get in the office, and you decide to say okay, I'm cutting Barack, o-care. Or I'm taking out Cook County care. Y'all gotta buy your own insurance. How can we buy it when we got no job and they ain't hiring? I got too many strikes against me. I'm Black on Black on Black. That's a lot of strikes. (Austin resident, 10/20/20)

Another big thing that came with it was just having to change healthcare options. That can be such a stressful thing [...]. I have chronic leukemia, and so I have to be constantly going to the doctor. I can't really go without health insurance. I had to immediately try to navigate the Medicaid process, and also the unemployment benefits process [...]. For both of them, both Medicaid and unemployment, I feel like it took a couple months –to get a response. (Little Village resident, 3/8/21)

You know with the healthcare, man, they've been ... cutting me off, man, but then I get back on with my healthcare. I'm having problems getting my blood pressure medicine on time and all that other stuff [...]. Well you know, when you have to reapply for your benefits man and then when it comes up with an error man saying that you didn't pay on time and then it cuts you off, it's just a whole bunch of mess, man. (Austin resident, 10/31/20)

One of the FQHC providers explained that medications with \$20 co-pays may not seem like a lot, but when work is insecure and you have multiple medications, chronic disease management is undermined because people cannot afford their medications (4/22/21).

Other residents talked about how they made slightly too much money to be able to apply for Medicaid, but they could not afford to pay for private insurance and

were not offered insurance from their employers. These people were stuck in what one provider described as “the middle area,” and spent months trying really hard not to get COVID-19 because they were uninsured (5/17/21). One Black woman from Albany Park explained that she had to be extra careful not to see anyone because she could not afford to get sick without insurance (1/26/21).

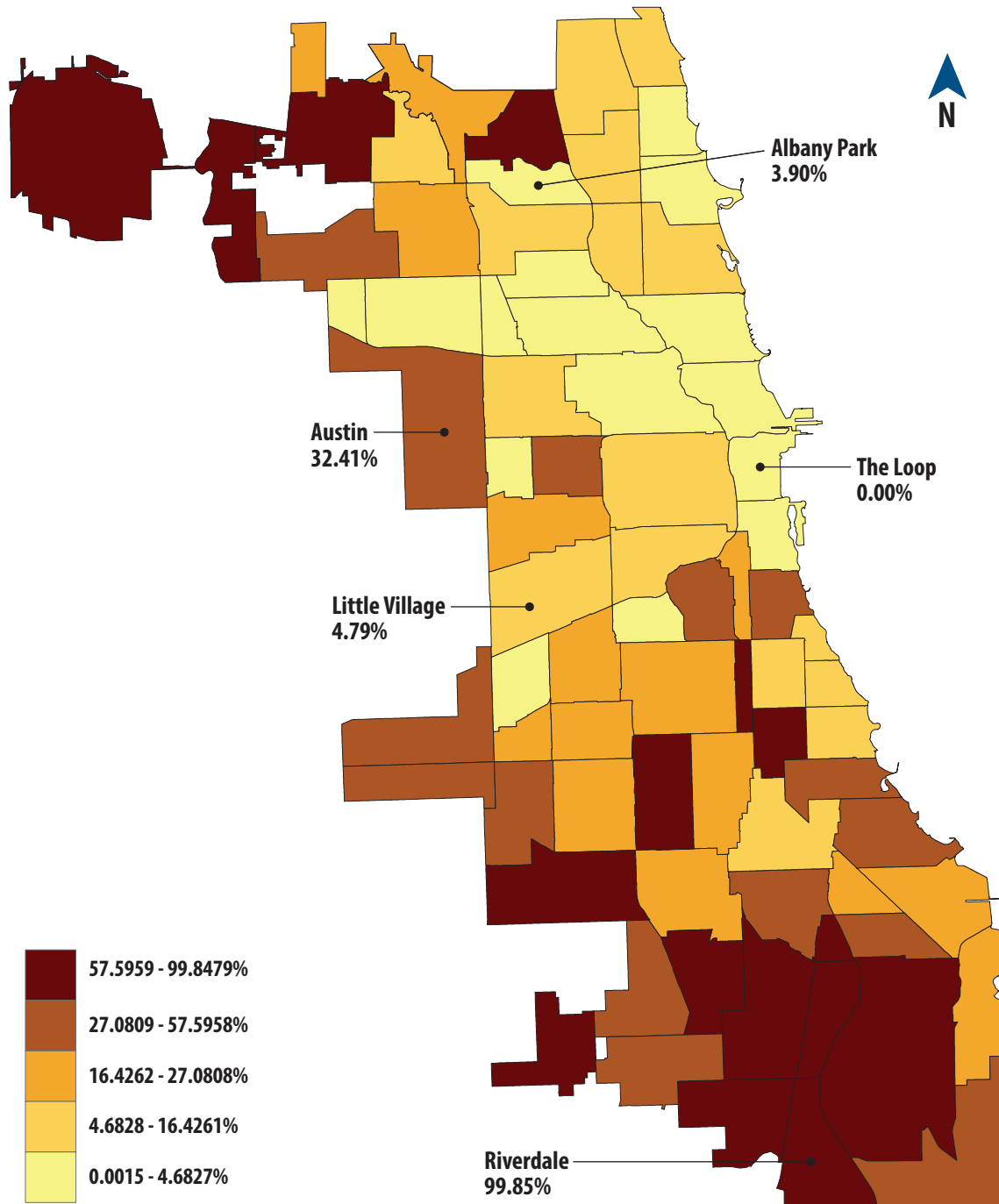
An FQHC provider also explained that a lot of the wraparound services that are normally available through FQHCs were unavailable during the pandemic:

The things that we normally have to wrap around patients kind of all fell apart during the beginning of COVID particularly. A lot of the resources that were available in schools, whether it's counseling, kids with Individualized Education Plans (IEPs), all of these things kind of fell apart – just weren't there. How many kids were able to get their minutes with physical therapy, occupational therapy, speech therapy, for their learning disability, all of those things just ceased to exist for a while. There's so many families that count on all of those supports, and many of them just weren't available. (5/17/21)

In addition to a lack of insurance, in Chicago and throughout the U.S., working class and poorer residents often encounter technological barriers to accessing healthcare. All clinics were offering telehealth, which has advantages for people who face transportation and employment obstacles. However, many FQHC providers discussed how difficult managing new technology was for the elderly, and oftentimes people did not have enough data or strong or reliable internet to support their telehealth needs. Others had a difficult time managing online systems for enrolling in Medicaid and other public aid.

There were other barriers to healthiness Chicago residents faced acutely that were heightened by the actions or inaction of local state actors. For example, residents in Austin told us again and again that essential businesses – including grocery stores and pharmacies – were shuttered during the protests in the summer of 2020 after the murder of George Floyd, and they never re-opened. Many interviewees mentioned how far they had to go to get groceries and essential items like Lysol and cleaning supplies. Others mentioned that they could not get their medications because pharmacies were closed, and they had no means of transportation. The shuttering of local businesses intensified already existing food and pharmacy deserts.

PERCENT OF CHICAGO RESIDENTS WHO HAVE LOW FOOD ACCESS, 2019



Source: Chicago Health Atlas. Data: USDA, Economic Research Service, Food Access Research Atlas. Low food access is defined as being further than 1/2 a mile from the nearest supermarket

0 2.5 5 10 Miles

Another issue raised by residents throughout our interviews concerned a lack of trust in their local hospitals. One Black woman from Little Village explained, *“Then, too, if you do get sick, you scared to go to the hospital ‘cause they might tell you, ‘Oh, you done caught COVID’ [...]. Peoples’ scared that, ‘they gonna put me on that machine. I’m a die.’ Peoples got mixed ideas, and they scared. It’s scary out here”* (12/16/20). A Latinx man from Albany Park said that a lot of the Spanish-language social media messages were telling people they would die if they went to the hospital and urged people to remain home (8/14/20). Hesitation to get care in hospitals meant that a lot of people were waiting too long to go to the hospital, and by then it was too late to help them recover, thereby supporting the misconception that the hospitals were at fault.²⁴ One FQHC provider explained that there was a great deal of fear circulating around dying alone: *“initially [...] everybody avoided the hospital at any cost [...]. There’s this whole understanding that if you developed COVID and get hospitalized, you will be alone. I do think that that creates some avoidance for better or for worse on people who have symptoms and think they may require hospitalization”* (Dr. Jim Lang, PrimeCare FQHC, 5/20/20). Some residents told us that they feared hospitalization because they knew the nurses were overworked and the technology was outdated: *“There’s been people that died in the hospital maybe ‘cause their machines are old and [...] the nurses don’t have all the equipment”* (Austin resident, 10/14/20).

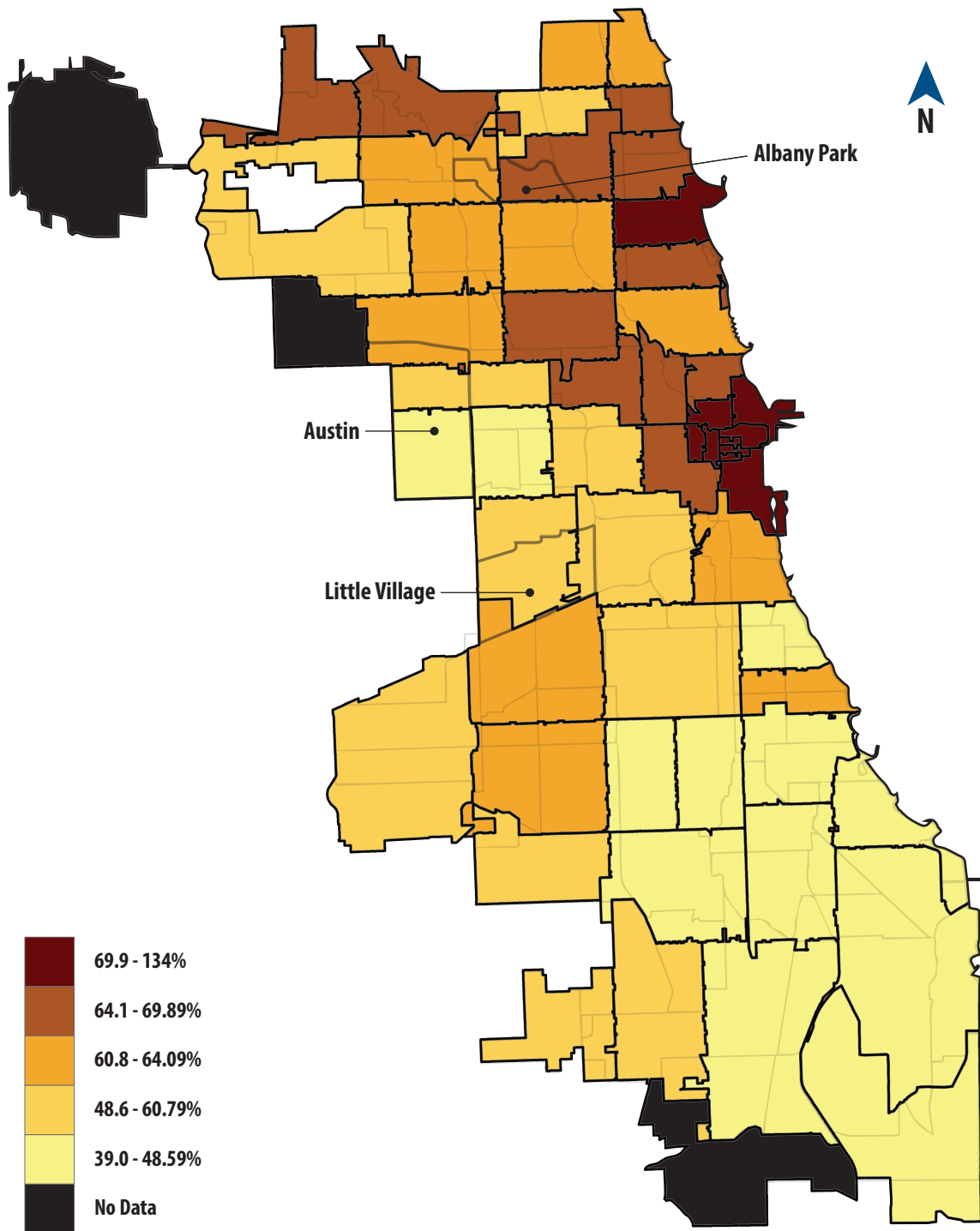
This fear of hospitalization in public facilities is not unique to Chicago, but Chicagoans have a long history of skepticism of public safety net hospitals. These hospitals are structurally underfunded by the city and state, are often stretched thin as a result, and have reputations for treating patients poorly.²⁵ Disparities in hospital capacity and resources were worsened during the pandemic. During surges, Chicago’s safety net hospitals struggled to respond to the needs of vulnerable communities. In our interview with him, Rush University doctor and professor David Ansell told us that most wealthy, private hospitals in Chicago did not accept transfers of uninsured or Medicaid-reliant patients from safety net hospitals during the height of the pandemic (3/23/21). In Illinois, there is no state system to facilitate patient transfers or require hospitals to take on patients when emergency rooms or ICU beds are full, and so doctors rely on their social networks to find available bed-space, which disadvantages patients on public benefits.²⁶ Because COVID-19 patients often

require extensive care for extended stays, hospitals are not incentivized to take on patients on Medicaid or without insurance. Several FQHC providers we interviewed suggested that the city should have stepped in to regulate hospital transfers during coronavirus surges.

To compound these issues, several safety net hospitals closed or were in danger of closing due to the strains of COVID-19. St. Anthony's Hospital, for example, which serves the primarily Latinx communities of Little Village and South Lawndale, was on the brink of closing due to unpaid Medicaid payments from the state.²⁷ Similarly, four community hospitals on the Southside of Chicago, which had planned a merger to save costs, were in danger of closing due to pandemic-related delays in state funding allocations.²⁸ And one of those four, Mercy Hospital, closed its doors in February 2021.²⁹ About these closures, one Black man from Austin said in indignation: *"At a time like this, how could you possibly think about closing down a hospital? That just goes to show you where they at with us [...]. At a time like this, you pick this time to shut a hospital down [...]. We in a crisis. Hundreds of thousands of people are dyin', and one of the only places we have that could possibly help us, you wanna shut that down?"* (4/21/21).

This section has detailed how the private, market-based approach to healthcare failed lower-income Americans and exacerbated their vulnerabilities during the pandemic. In this sense, Chicago is a case-study in the magnification of health disparities brought on by pandemic conditions. Illinois and Chicago officials did provide extensive funding to FQHCs and invited FQHCs to participate in conversations about health policy during the pandemic. The work of FQHC nurses, providers, and medical officers has been vital to the survival of many vulnerable Chicagoans. However, FQHCs also struggled with staffing and technology barriers, and many FQHC providers told us that many lower-income Chicagoans are unaware of their services and supports. Supporting the work of FQHCs was an incredibly important step made by city and state officials, but it was not enough to meet the tremendous needs of the marginalized during a pandemic. Ultimately, Illinois and Chicago officials did not do enough to meet the pandemic related health needs of the city's most vulnerable residents.

COVID-19 VACCINATION COMPLETION PERCENTAGES BY ZIP CODE THROUGH NOVEMBER 17, 2021



Source: Chicago Health Atlas,
COVID-19 Vaccination Completion Rate by Community Area

0 2.5 5 10 Miles

Testing and Vaccines

Part of the city's RERRT initiative included extending testing resources to communities deemed particularly at risk, which included both Austin and Little Village. This support came in the form of city sponsored mobile testing sites. In a more sustained way, they also gave support to FQHCs to set up outdoor testing sites where community members could make appointments to get tested without fees. Along with extra COVID-19 testing, the city also used the COVID-19 Community Vulnerability Index³⁰ to prioritize 15 vulnerable communities – including Little Village and Austin – for targeted vaccine distribution. The city partnered with local FQHCs to host all-day vaccine events in these communities, where anyone who lived in that zip code could access vaccines - bypassing the state's prioritization of the elderly, essential workers, and people with pre-existing conditions.

The community organizers we interviewed who participated in RERRT lauded the city's willingness to listen to local organizers and prioritize their local knowledge. Many provided extensive examples of situations where the city had planned events in a particular way, but when organizers insisted on a different strategy, they were heeded. Further, organizers felt that the census tract data made available to canvassers on the ground was essential for achieving hyperlocal results. Based on these data, organizers were able to target particular neighborhoods with testing and vaccine information or set up local testing and vaccine events. When COVID-19 positivity rates decreased or vaccine uptake increased, they knew their efforts had made a difference. Having access to such localized epidemiological data and being given a voice in how to engage with the community was extremely important to most of the organizers we interviewed.

Despite these efforts by the city and community organizations, many of the people we interviewed in Austin and Little Village struggled to access testing and vaccination sites. Austin residents felt there were no testing sites available to people without cars, and that because of Austin's size, testing was exceedingly difficult to access. One organizer who was involved in RERRT explained that most of the public spaces available to install testing sites in Austin were controlled by Chicago Public Schools or Chicago Park Districts, and the city did not want to negotiate with these

other entities for access (11/18/21). As a result, there were very few permanent testing sites available in Austin. Another organizer in Austin established a non-profit organization to provide testing in Austin. He worked to get buy-in from local hospitals, local FQHCs, and Alderpeople, and then he personally went to local labs to make deals with them. The testing site he developed was very popular, and many of the people we interviewed had used it and celebrated the efforts of this one man to fill a need in the community. In an interview, the man explained:

They just treated us like we were pawns because they knew we didn't have adequate health care. At one time, the first testing sites they came up with, they hit the suburbs [...]. In order for somebody to get a test, they had to ride west to the suburbs where they had the drive-through testing for months. For about two months, we couldn't buy a test. We got tested last. Ain't no question about that. (4/21/21)

In Little Village, people said that, in the beginning, there were no tests. This was particularly scary given that the community knew their COVID-19 positivity rates were high. One local Latinx non-profit employee explained that in the beginning, *"getting the test itself was really, almost not even possible. Which was really awful to be quite frank, because then we saw how high the positivity rate was in Little Village, one of the highest in the state. You know, I think little by little there became more testing, the City of Chicago did bring in the testing"* (10/17/20). But other Little Village residents said that it remained difficult to schedule a test throughout the pandemic. One Latinx woman explained, *"I've tried a few times to get tested in my neighborhood, and there were – last year, especially certain moments last year – where there were very long lines or no appointments available. I had to check multiple times to find a spot. It feels like it kind of comes and goes in waves"* (3/8/21).

Some of the organizers we interviewed had suggestions for why vulnerable groups may have struggled to access testing and vaccination sites despite the hyperlocal efforts of the city. Many of the promotional materials used were not properly translated into Spanish or were advertised on social media that the residents did not utilize. Registration for the events was required, and many residents of Little Village and Austin did not want to show their proof of residency to city officials (e.g., because of their undocumented status or lack of formal proof of local address). Further, many residents – both the undocumented *and* those who have deep distrust

of the government – would not attend events that were sponsored by the city in an official capacity (Interviews 9/20/21; 10/28/21). Local organizers gave the city this input but, in this case, they were ignored.

As in Austin and Little Village, in Albany Park people struggled throughout the pandemic to access free testing. One Asian resident explained, *“it’s like really hard to get tested in our neighborhood [...]. For testing to be effective, we kind of needed a certain amount of criteria, like it had to be free. And it has to be like walk-in [...] not like a drive thru, like you had to be able to walk there. And so for a long time, it was really hard to find a testing facility”* (2/25/21). Another woman explained that early in the pandemic, she was able to access testing in Albany Park, but then it petered out in late 2020. *“I don’t know if the funding ran out, but they weren’t providing testing as often”* (3/5/21).

As these quotes demonstrate, residents reported struggling to access regular testing in all three neighborhoods we sampled. Albany Park was not provided resources by the city, and many local political actors decried the lack of parity in the city’s response. But even in Austin and Little Village, people struggled to access the city testing resources because they were mobile and overcrowded, unknown, not advertised in multiple languages, did not extend to all areas of the neighborhood, or, as organizers told us, because residents did not trust city officials or city-organized events.

Accessing vaccines was not much better than accessing tests. Most of our interviewees were extremely frustrated and confused by the process, especially in the beginning. Residents labeled it “chaotic,” “messy,” “bumpy,” “slow,” and “confusing.” In the early stages of the vaccine rollout, residents told us they knew white people from the suburbs were taking up appointments all over the city, including in vulnerable communities. These rumors were confirmed by the providers we interviewed who talked about how strange it was to have white people driving to clinics in Austin and the South Side. Other FQHC providers discussed how white people would “shop” for the most convenient locations to get vaccines, making multiple appointments until they found one closest to them such that many appointment slots were wasted (4/9/21). The city was lambasted by an early media report which found that, in the early stages of vaccine distribution, the overwhelming majority of people who had been vaccinated lived in neighborhoods that were predominantly wealthy and

white.³¹ The prioritization of the elderly also facilitated the racialization of vaccine distribution since whites are overrepresented among the elderly due to disparities in mortality rates. As UCLA public policy professor Sarah Reber explains, *“if you [allocate the vaccine] strictly by age, you’re going to vaccinate white people who have lower risks before you vaccinate Black people with higher risks.”*³² In addition, several Spanish speakers we interviewed indicated that they faced language and technology barriers in signing up for vaccines. One Latinx woman suggested that hiring bilingual staff and other staff to help people with technology barriers would facilitate better access to vaccines in Little Village: *“I think vaccination places where they have bilingual staff or someone that—especially more for the elderly that don’t have that much resource the internet because now everything is on the internet [...] I think that is the main thing that they need. They need people that are bilingual, are willing to help elderly people using their phones”* (4/23/21).

The city did eventually hold a series of vaccine events in vulnerable communities, but challenges persisted. As one FQHC provider noted, national guidelines did not align with the needs in vulnerable community. The elderly should not be prioritized in isolation when many of the elderly live with their families. Community drives helped whole families be vaccinated together (FQHC provider, 4/16/21). Another FQHC provider noted that although the city made vaccinations available to FQHCs for distribution, they did not provide funding for additional staff, which made achieving equity more difficult (5/20/21).

Now that vaccines are more readily available and those who were highly motivated to get vaccinated have done so, health providers and the city are struggling against both pragmatic barriers and vaccine distrust. FQHC providers mentioned that they have extended the hours they offer vaccines at their clinics to try to accommodate workers, but many people are hesitant because they nonetheless fear that negative side effects may affect their ability to work. The lack of paid sick/family leave means that even when vulnerable people want to get the vaccine, many are hesitant to do so out of fear of losing income or their employment if they experience side effects from the vaccine. Furthermore, vaccine distrust remains exceedingly high. For instance, some of the residents we interviewed expressed concern about rumors they had heard that the vaccine may disrupt fertility. Others, especially the Black residents we spoke to, expressed tremendous distrust of the federal government’s initial

approach to COVID-19. Some were especially suspicious of any vaccine developed under President Trump's leadership. Residents of Little Village and Austin were also highly concerned about vaccine side effects that have not been widely discussed, like changes in menstruation, swelling, and rashes. Overall, the lack of reliable medical information about these side effects fueled distrust (Interviews 9/20/21; 10/5/21). As of November 25, 2021, the city of Chicago reported that they had fully vaccinated 355,926 Black residents, 430,492 Latinx residents, and 577,513 white residents.³³ With almost twice as many white residents fully vaccinated than Black residents, we have a long way to go to achieve equity in vaccine delivery.

Policy Suggestions

There are several policy suggestions that emerge from our interviews. First, the city could have provided cash assistance to working-class people who needed to take unpaid sick leave from work and could have also provided quarantine housing to the working-class. For example, the city of Austin, Texas, provided isolation facilities to people who needed to self-isolate due to COVID-19 exposure and could not do so without help.³⁴ Second, although the city of Chicago did provide invaluable additional resources to FQHCs, the FQHCs still struggled with staffing and technological support needs. Further, every FQHC provider we interviewed said that most city residents are unaware of the services they offer. At the same time, they also said that if more Chicagoans knew of their services, they would not have the capacity to serve them. Therefore, FQHCs need to be funded at a level which will allow them to expand their capacity to meet the needs of the most vulnerable. Third, given the mistrust of many of our residents towards government agencies, the city could have directly funded smaller community-based organizations without claiming their testing and vaccination sites as official city-sponsored initiatives. This would have expanded the scope of testing throughout the city. Finally, the city and state could have introduced policies to coordinate and facilitate patient transfers between hospitals during surges. These efforts would not have overcome all healthcare disparities that poor, racially marginalized Chicagoans face because of the market-based nature of U.S. healthcare, but it would have helped reduce the impact of the COVID-19 pandemic. Addressing racial disparities in healthcare is a much larger, structural challenge that must be tackled at the federal level to end "medical apartheid" in the United States.

ANNA GUEVARRA: EXPERT COMMENTARY

Frontline Filipinx/a/os Health Care Workers

When I got COVID, I stayed in the bathroom for 22 days. I was afraid to go out and expose my family. I could not breathe. My body ached. I've never felt anything like this. I did not want to go to the emergency room. I was scared I would die there.

– Josie, a 51-year-old Filipinx/a/o caregiver in Chicago

Asian Americans are one of the fastest growing populations in the United States and in Illinois,³⁵ and as a group are extremely diverse in terms of history, income level, language, education, among other social differences.³⁶ Chicago is home to the 5th largest Asian American population in the country, with Indians, Filipinos, Chinese, and Koreans representing the four largest ethnic groups.³⁷ In the pandemic, longstanding and destructive myths about Asian Americans once again put them in harm's way – perceived both as model minorities presumed to not be in any need of assistance, and as a 'yellow peril,' scapegoated and blamed for the pandemic. Thus, their lived experiences during the pandemic are situated within this twinned context of being a racial wedge as well as suffering neglect and racist violence.

In terms of front-line workers in the US, there are approximately 1.4 million Asian American and Pacific Islander health care workers, making up 8.5 percent of all essential/frontline workers, almost 1 million of whom are immigrants (New American Economy Research 2020). In Illinois, Asian American and Pacific Islanders comprise 10.5 percent of all health care workers (physicians, surgeons, and nurses). There are also a substantial number of Asian American and Pacific Islander frontline workers in food-related industries including food processing factories, grocery stores, and restaurants.

For this commentary, I focus specifically on one group – Filipinx/a/os – who have had a long history of serving as a health care labor resource for the United States. This is made possible by the long legacy of colonial relations between the Philippines and the US that began in 1898 and continues to the present day in the form of US militarism and the Philippines' labor export policy.³⁸ These colonial relations imposed

an Americanized nursing curriculum and training that made the Philippines an ideal source of nursing labor by preparing Filipinx/a/os to work in US hospitals (Choy 2003). Indeed, Filipinx/a/o health care workers are over-represented in nursing across the US, and the pandemic only made this demographic hyper-visible. According to the report produced by National Nurses United,³⁹ though Filipino nurses make up only 4 percent of registered nurses (RNs) nationally, 26.4 percent of those who died of COVID-19 and related complications are Filipino nurses, and of the registered nurses of color who have died to date, 48.8 percent were Filipinx/a/o.

In addition to nurses, we also know that there is a large population of Filipinx/a/o frontline health care workers – caregivers – who work in residential care facilities and private homes. This is certainly the case in California (Tung 2000; Guevarra and Lledo 2013),⁴⁰ where a sizeable population works within the informal economy. Yet, in the aftermath of the COVID-19 pandemic, we know very little about the impact of COVID-19 on their work and well-being, one exception being Nasol and Francisco-Menchavez’s recent study of Filipinx/a/o caregivers in California (2021).⁴¹ This study reveals that the health of these workers was gravely impacted by the lack of access to health care and legal protections, as well as by labor and wage violations committed by residential care facilities long before the pandemic. In other words, the pandemic only exacerbated already existing inequalities.

In Illinois, there is no data available to account for the size of the Filipinx/a/o caregiver workforce. However, the organizing work of community organizations like the Alliance of Filipinos for Immigrant Resources and Empowerment (AFIRE) in their campaigns on the Illinois Domestic Worker Bill of Rights which passed in 2016, and a bill for paid sick leave for all domestic workers, as well as ongoing research,⁴² reveals a significant presence of Filipinx/a/o caregivers working throughout Chicagoland. Based on this work, I highlight a few issues affecting caregivers’ lives in the aftermath of COVID-19.

Overall, the pandemic revealed the precarity of their work. This is especially so for caregivers who worked in private households. Many of them lost their employment because families opted not to take caregivers into their households. Others stopped working when the shelter-in-place policy took effect, for fear of contracting COVID-19. For others like Josie, quoted earlier, their work only stopped when they became infected. Josie lives in a multigenerational household with her husband and

two daughters. She refused to be hospitalized for fear that she would be exposed to more COVID-19 patients. And, given the structure and size of their household, the only place she could quarantine was a bathroom in the attic. Despite the discomfort, she stayed there for 22 days. Similarly, another caregiver, Zenda, who was infected by COVID-19 in April of 2020 could not avoid hospitalization due to the severity of her condition; she was hospitalized for 25 days, including a few days on a ventilator, which impacted her vocal chords and speech. Not a day went by that she did not want to go home; remarking on the quality of care she received, she explained: “I’m a caregiver and I know how to take care of patients. I don’t like how they took care of me. But then I couldn’t speak and tell them. They took my reading glasses and cell phone so I couldn’t communicate with anybody.” When she was finally released from the hospital, her husband, who also works as a caregiver, took care of her. At the time of the interview in August 2020, she was still unable to work.

Part of what contributes to the precarity of the caregivers’ work situation is the informal economy in which they work. A second factor is the median age of those who are part of this informal economy; with many working in their 70s and 80s. For example, one caregiver, Dorotea, is 81 years old has worked as a caregiver since 1987. She relies on a thriving informal economy where employment opportunities for “relievers” like her circulate. As a “reliever,” she is hired by other caregivers who may be formally employed by a recruitment agency to take on their job in their absence. When COVID-19 hit, and the shelter-in-place policy went into effect, many like Dorotea lost a source of income.

Dorotea is not alone. Most caregivers do not have any stable social safety net, so a loss of an income source for themselves not only increased their household precarity, it was also felt by their families in the Philippines who rely on remittances. This informal economy is also especially critical for those who are undocumented because it is the easiest and, often, the most viable and only source of income. However, the pandemic exacerbated the economic insecurities of those who depended on this income by creating exploitative working conditions where caregivers often did not get paid for weeks or received substandard wages. For those where informal brokers helped them find the job or where families hired them directly and bypassed a recruitment agency, this meant that the caregivers had to negotiate all aspects of the job themselves, and there were no protections from unscrupulous employers.

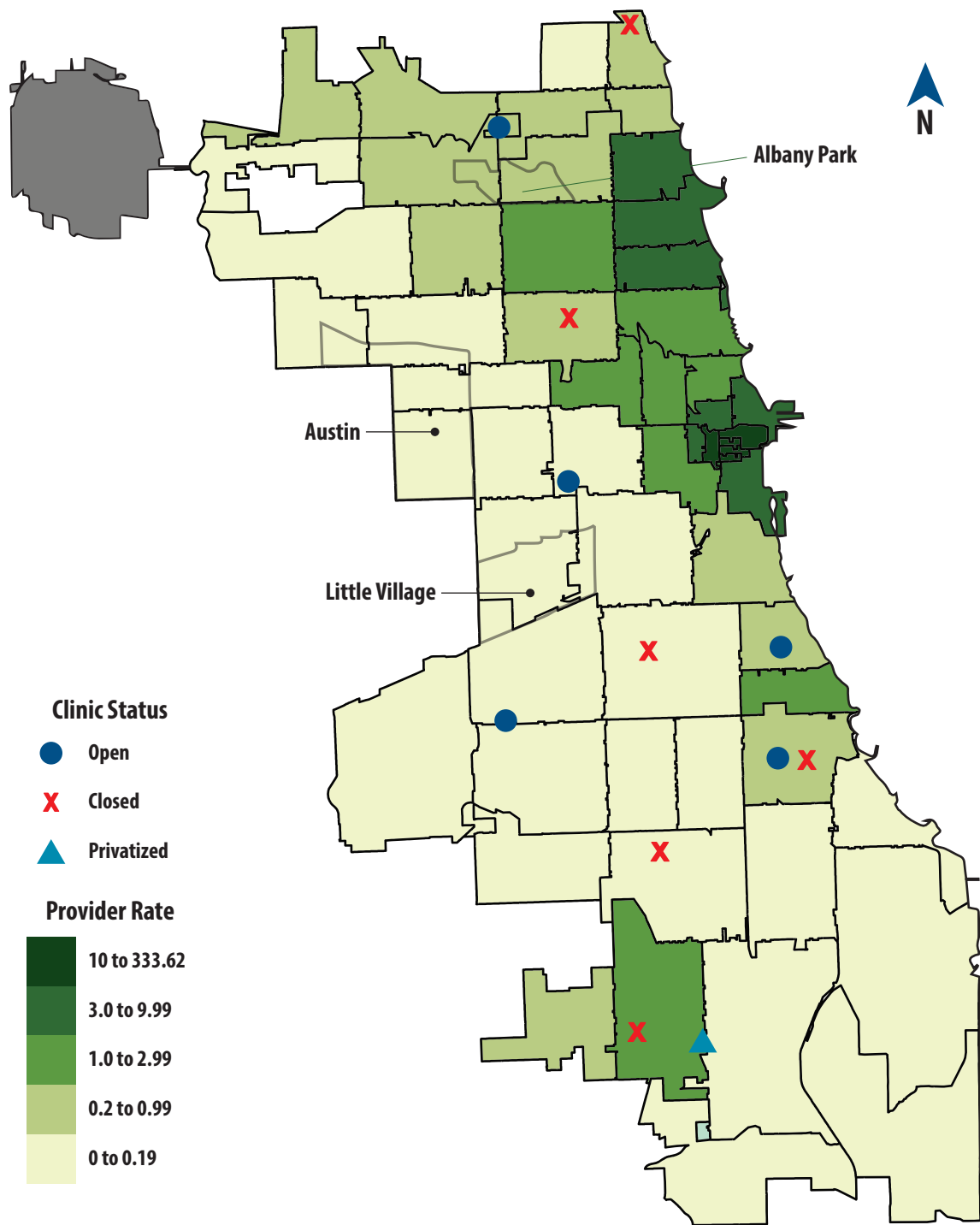
Given the dearth of employment during the pandemic, caregivers in these situations were left without any recourse. Some of these exploitative working conditions revolved around inadequate PPEs, lack of rest or time-off, and wage theft. As another 82-year-old caregiver said, “the problem of working under the table is that you have nowhere to go if you cannot get paid.” The reality is that, even before the pandemic, caregivers were subject to these conditions. The pandemic merely underlined the gravity of their financial precarity, their lack of a social safety net, and their reliance on an unstable informal economy.

MENTAL HEALTHCARE

There are widespread national disparities in both access to and quality of mental healthcare for racially marginalized groups.⁴³ These disparities are linked to inadequate insurance coverage, obstacles in accessing treatment facilities, and cultural and language barriers.⁴⁴ Chicago is a perfect case study not only for examining some of the longstanding structural barriers racially marginalized groups face in accessing quality mental healthcare but also for illustrating how these barriers hit especially hard in the context of the COVID-19 pandemic, as the pandemic led to a dramatic increase in demand for mental healthcare.

While mental health resources on Chicago's South and West Sides have never been abundant, the shortages increased dramatically in recent years. In 2012, then Mayor Rahm Emanuel closed six of twelve community mental health clinics in Chicago. The reasoning the city offered for the closings was that consolidation was necessary due to lost federal funding and a reduction in available psychiatrists. Additionally, the mayor's office argued that the expansion of the ACA meant more people would have access to health insurance, which they could use to receive mental health care at FQHCs in the city.⁴⁵ The closure of these clinics sparked tremendous protests from organizations such as the Mental Health Movement and the Collaborative for Community Wellness, who claimed that Chicago suffers from a crisis in mental healthcare access, especially in vulnerable communities on the South and West Sides of the city. When Emanuel's term ended, the city council unanimously passed a resolution to establish a task force to assess mental health coverage.⁴⁶ While campaigning for Mayor, Lori Lightfoot promised to re-open the six community health clinics but, once in office, she decided on a different tactic to address mental health needs, which led to increased tension with the city council, who wanted the clinics reopened.⁴⁷ The city council even temporarily stalled the appointment of Allison Arwady as health commissioner, demanding Lightfoot re-open the shuttered clinics.⁴⁸ Instead, Dr. Arwady and Mayor Lightfoot devoted an additional \$9.3 million to fund mental health services at the remaining community clinics and twenty "trauma-informed centers of care," including FQHCs and community organizations.⁴⁹ In the wake of increasing mental illness related to the pandemic, Lightfoot added

**NUMBER OF LICENSED MENTAL HEALTH CLINICIANS PER 1,000 RESIDENTS IN 2020
AND STATUS OF CDPH MENTAL HEALTH CENTERS POST 2011**



Source: Collaborative for Community Wellness
2020 Mental Health Access Report

\$1.2 million in mental health treatment support.⁵⁰ She has also recently invested \$3.5 million in a pilot project pairing mental health providers with police responders to 911 calls.⁵¹ According to health providers and the residents we interviewed, these resources all fall short. Furthermore, while there was a mental health crisis before the pandemic began, it has been alarmingly exacerbated by COVID-19 as Chicagoans struggle to deal with isolation, anxiety, depression, trauma, substance use, violence, and racism.

The behavioral health providers we interviewed who work at FQHCs in Austin, Little Village and Albany Park began their interviews by explaining the broader problems with the fragmented mental health system in Chicago. Anna Hereth, a psychiatric physician assistant we interviewed, mentioned that to truly treat mental illness, providers need to combine psychiatric medication (for those who need it) with long-term therapy and wraparound services. However, only the 6 remaining community health clinics have the capacity to provide all of these services. *“The problem is they only accept Medicaid, and they don’t accept people who are uninsured. They are always completely full. They don’t have room”* (5/27/21). In these cases, FQHCs take the overflow of patients, but do not have enough staff and resources. Hereth said that not all FQHCs provide mental health support because insurance reimbursement rates are lower for mental health appointments. Moreover, as we noted earlier in the report, many residents are not aware of the FQHCs in their communities.

Dr. Angela Sedeño, another mental health provider, explained that waiting lists are long and community clinics limit therapy to only 12-20 sessions, making long-term care difficult to access for lower-income residents (6/17/21). For those who need higher levels of care, most hospitals do not have psychiatric beds available, and the care they provide is minimal, fragmented, and often completely disconnected from the other mental healthcare people may be receiving (Hereth Interview, 5/27/21). Several mental health specialists mentioned that hospitals do not routinely contact a patient’s mental health provider to inform them of their hospitalization, creating a lack of coordination between hospitals and mental health specialists.

Despite the fact that it has been nine years since the community health clinics were closed and despite the millions of dollars that the current administration has devoted to address mental health, several community members still were feeling the effects of the closure of the community health clinics:

I don't have my pulse, I guess, on the mental health clinics or public health clinic situations, or nonprofit situations here. Let me think. I will say having County Care has been like a double-edged sword. On one hand, my bipolar medication is free. On the other hand, it is just fucking awful to get a doctor, really hard to get a specialist. I just went through the ringer trying to get a psychiatrist [...]. It was hard for me, and I have been navigating the mental health care system for years since my diagnosis. I cannot imagine how difficult it is been for people who aren't versed in that system or who aren't speaking English. I don't know, I would guess that access has been really bad, yeah. (Albany Park resident, 2/23/21)

When it comes to mental health, I don't think there are many options really [...]. I know there have been long wait times [...] because of policy and closing down many mental health clinics that, you know, even before COVID, that now because of COVID, we see, you know, the negative impacts of something like that. (Little Village resident, 10/17/20)

Other residents also mentioned that it is practically impossible to find therapists, psychiatrists, and other mental health specialists who are Black and Latinx. *"It's not fair,"* one woman from Austin put it, *"we should be able to access quality health care in our communities,"* and *"we shouldn't have to go to the north of the city to get mental health care"* (9/17/20). Another man from Austin explained, *"We fell into a mental health crisis, and right now, I think we need a structure of the best Hispanic psychiatrists we can find, the best African American psychiatrists we can find. Right? [...] It's not so much a racial issue, but it's the issue of trust"* (4/21/21).

Even before COVID-19, racially and economically marginalized populations experienced higher rates of mental strain. As, Hereth explained, people marginalized on the basis of their race, socioeconomic class, and undocumented status suffered from precarity and trauma at higher rates, which can have wide-reaching negative mental health outcomes. Both before and after the pandemic, however, they also simultaneously faced greater struggles to access mental healthcare.

All of the FQHC providers we interviewed mentioned that long-term mental health strain would be a lasting legacy of COVID-19. For example, Dr. Kate Laslo, from Erie Family Health explained, *"patients were grieving because of loss of a loved one during COVID [... and] isolation [... causes] adolescents to have more anxiety and depression. For a lot of people with anxiety and OCD, this has really augmented their*

symptoms [...]. It's been astounding the need that has presented itself for behavioral health needs during this time. All of the agencies that provide behavioral health throughout the city have really been overwhelmed in this time trying to give the help that patients need" (5/17/21).

The dramatically different conditions community members faced as they struggled through lockdown and other pandemic conditions also had widespread impact. Several residents mentioned how being isolated at home is causing them to experience tremendous depression. A Latinx woman from Little Village explained that, *"what has affected me the most is being cooped up inside because you get depressed" (4/1/21).* Another woman from Little Village explained, *"it's sad, and it's lonely. You can't go too many places. It's boring [...]. It's depressin'. It's really depressin'. It's like you locked up" (12/16/20).*

FQHC providers talked extensively about grief, much of it unaddressed due to an inability to hold collective funerals during COVID-19. They suggested that this widespread grief is likely to have profound and long-lasting impacts on vulnerable communities. Dr. Jim Lang, a provider at PrimeCare, explained: *"the specter of COVID and death hangs over families [...]. It might enter your home, and then half the people in your home [...] just have mild symptoms, right? Then one person might die [...] It's a very bizarre threat to deal with because the spectrum of disease is so broad. I feel like there were probably very, very few families in our practice that did not have someone die from COVID [...]. Then, for the patients who went to the hospital [...] no one could visit them in the hospital. For the patients who died, there was no funeral [...]. There's collective grief" (5/20/21).* Similarly, Dan Fulwiler from Esperanza Health Centers talked about how many were facing the trauma of lost loved ones. He explained that mask wearing was very quickly adopted in Little Village because everyone knew someone who had died. Community trauma was not just about loss, however. Fulwiler explained that residents were facing multiple compounding traumas that all had mental health consequences:

I feel like there were probably very, very few families in our practice that did not have someone die from COVID.

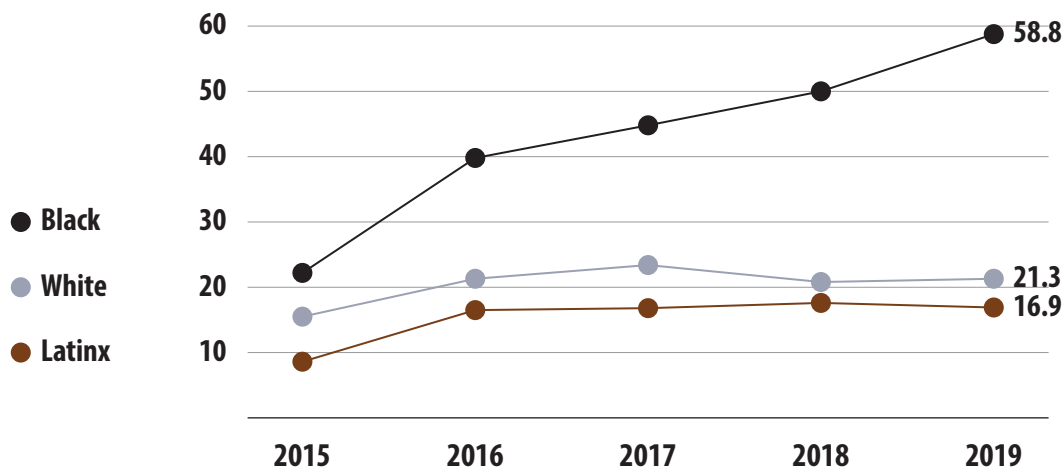
There's the trauma from the disease and death, and then there's also the trauma from not having money to pay your bills anymore because all of a sudden, you're out of work [...] There was the moratorium on eviction, but it wasn't really necessarily a moratorium. There was still a lot of people who could get kicked out in various ways. Even if they didn't get kicked out, they were living with the stress and anxiety of not being able to pay their rent [...]. You were traumatized if you had to go to work and you were traumatized if you got fired, either way. (4/16/21)

Health providers and residents also mentioned the trauma that comes from enduring racism. One resident of Little Village explained the mental, physical, and emotional toll of racism that was exposed and exacerbated by the pandemic as follows: *"Those communities that are consistently left at the peripheries, because of systemic, and quite honest, racist policies that were enacted, you know, by individuals that didn't look like me. And now we're seeing [...] the effects and repercussions of all of those, and how they're, you know, impacting individuals"* (10/17/20). In addition to experiencing heightened vulnerability from the pandemic, people were confronted with policies that served to devalue their humanity.

Many residents also discussed the increasing levels of domestic and community violence that resulted from stress, anxiety, and isolation. A woman from Austin said, *"In my neighborhoods, there's no mental health help. Now you got people stayin' in the house for all these hours. Everybody's gettin' on everybody's nerves. There's no outlet. There's nobody to talk to. People don't have insurance. It's just horrific. If they had been really looking, they should have anticipated violence, an uptake in violence"* (9/17/20). A man from Austin explained that he and his wife divorced during the pandemic: *"being in the house so much and not being able to get away. We were fightin every day [...]. The pandemic is messing with people mentally"* (10/13/20).

Other residents also discussed the recursive relationship between drug use and mental illness and how COVID-19 has intensified this cycle. Explaining why drug use has increased since the start of the pandemic, one Black woman from Austin explained, *"They have a messed up attitude because of the virus. They feel like if I'm gonna die of anything, then [...] I'm gonna die of using drugs. I'm not going to die of Coronavirus because it's messed up. It's totally terrible. It's terrible"* (10/23/20). Another Black woman from Austin explained that people self-medicate because they have mental illnesses and cannot get help: *"Mental health been going on for*

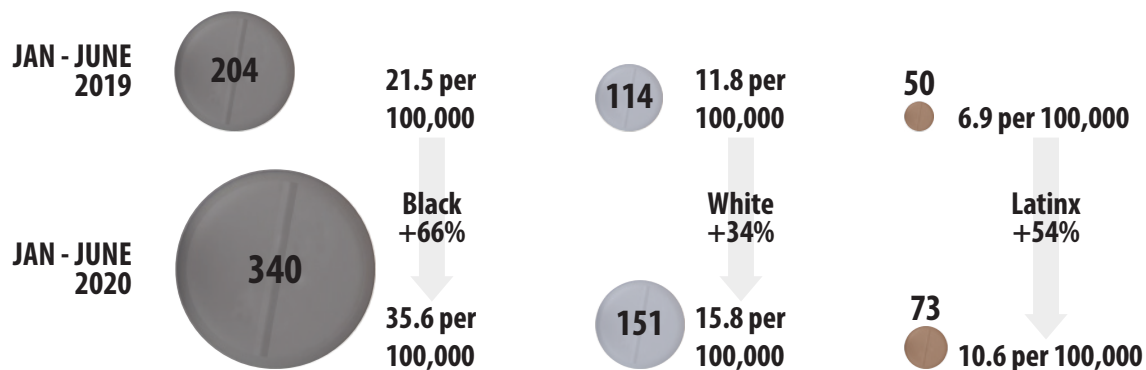
DRUG INDUCED MORTALITY RATE PER 100,000 PEOPLE IN CHICAGO BY RACE, 2015 - 2019



Source: Chicago Health Atlas. Data: Illinois Department of Public Health, Death Certificate Data Files

a long time. And it's now being addressed due to the coronavirus ... a lot of people have mental illness, and they medicate themselves, because they do not, they don't understand what type of illness they have. So they medicate with drugs, alcohol, pills, all that stuff because it's not being addressed" (12/2/20). One man explained that his community was simultaneously facing high rates of deaths from COVID-19 and increasing death from fentanyl (4/21/21). In fact, in 2020, Cook County reported that the number of opioid-related deaths had doubled from the previous year; half of these deaths were among Black Chicagoans.⁵²

COMPARISON OF OPIOID-RELATED OVERDOSE DEATHS IN CHICAGO BY RACE BETWEEN JAN-JUNE 2019 AND JAN-JUNE 2020



Source: Chicago Department of Health 2021 Mid-Year Opioid Report. Data: Cook County Medical Examiner's Office

Low-income Chicagoans already struggled to access mental health services before 2020. The pandemic has only widened the gulf between mental health care needs and available services. Throughout our interviews we heard numerous stories that echoed patterns nationwide of increasing levels of depression, anxiety, grief, and trauma brought on by pandemic-related experiences of loss, isolation, racism, and insecurity. Existing mental health providers continue to struggle to meet the need.

Policy Suggestions

In July and August 2021, Mayor Lightfoot announced new mental health initiatives. Lightfoot's new initiatives include funding community safety coordination centers: multi-agency centers that use data on violence, food insecurity, housing, and healthcare access to provide more holistic approaches to preventing community violence.⁵³ Using RERRT as a model, the initiative targets 15 high violence neighborhoods. Further, the city is initiating a pilot program where 911 calls will be answered by a team of mental health clinicians and police.⁵⁴ These changes are in part a response to widespread organizing for additional mental health services and to ensure police are not primary responders for mental health crises.⁵⁵ Despite Lightfoot's efforts, a number of community organizers and some members of the city council have criticized the mayor for continuing to do too little. In 2020, twenty-one Alderpeople refused to vote to pass Lightfoot's 2021 budget because it raised property taxes and did not provide sufficient support for mental health services in the city.⁵⁶ In 2021, a number of progressive Alderpeople called for alternative initiatives to support people with mental illnesses, including the Treatment not Trauma initiative which calls for the shuttered clinics to be re-opened, further expansion of services in every neighborhood, and mental health responders to replace police for mental health-related emergencies.⁵⁷ From our expert and resident interviews, it is painfully clear that lower-income Chicagoans have more need for mental health support than ever, and more funding must be channeled toward mental healthcare throughout the city.

ANDY CLARNO: EXPERT COMMENTARY

Policing COVID-19 in Chicago

In late March 2020, an image began circulating on social media of Mayor Lori Lightfoot sternly enforcing Chicago's social distancing requirements. Weeks later, the Mayor appeared in a viral video approaching a group of Black boys in a schoolyard and telling them to go home.⁵⁸ The City closed playgrounds, beaches, basketball courts, and lakefront trails; issued "shelter in place" orders and indoor mask mandates; set curfews on liquor sales and non-essential businesses; banned social gatherings of more than ten people; and required quarantine for anyone entering Chicago from a state with high rates of COVID-19. While the Mayor's meme added a touch of levity to the seriousness of these regulations, the City relied heavily on the Chicago Police Department (CPD) to enforce its public health orders. Indeed, the City awarded \$281.5 million in CARES Act funding to the CPD, nearly 60 percent of the discretionary funds the City received through the federal COVID relief package. In this commentary, I discuss findings from investigations conducted by the Policing in Chicago Research Group (PCRG) into the CPD's response to COVID-19.⁵⁹ Our research demonstrates that the CPD adopted an ineffective punitive approach to public health, contributed to the negative impact of the pandemic on Black and Latinx communities, and took advantage of the pandemic to expand police surveillance and criminalization in communities of color.

Chicago police enforced social distancing through arrests, citations, and dispersal orders. The CPD focused its enforcement actions along the lakefront and in predominantly Black and Latinx neighborhoods on the South and West Sides. Police erected barricades, raided parties, conducted helicopter surveillance, closed blocks to non-residents, and established checkpoints, purportedly to deter informal gatherings and inform people about social distancing. Data provided to the PCRG by the Office of Emergency Management and Communication show that the CPD issued over 24,600 COVID-related dispersal orders during the first five months of the pandemic alone. Furthermore, during the first two months of the pandemic, at least 10 of the 13 people arrested for violating public health orders were Black, and 11 of the 13 citations issued by CPD were on the South and West Sides.⁶⁰

Along with the other mechanisms described by the authors of this report, the futility of the CPD's punitive approach to public health enforcement added to the already devastating impact of COVID-19 on Chicago's Black and Latinx communities. Moreover, the deployment of police as public health enforcers was plagued by a contradiction: widespread and consistent reports of police officers not wearing masks and refusing to practice social distancing. A young Black woman described the scene at CPD COVID-related "educational" checkpoints:

There'll be multiple cop cars sitting there all day long, with their lights flaring. Just sitting there, observing, watching. They say they're educating people about social distancing, but let's be real. They weren't social distant from their damn selves. Half of them didn't even have on masks, so how are you educating anyone about COVID if you're not doing the things yourself? They're all bunched up together, talking, laughing, no masks on, literally not a foot apart from each other. They knew what they were doing. They were just there to basically entrap folks.⁶¹

In fact, over 950 Chicago police officers tested positive – and three died of COVID-19 – within the first six months of the pandemic. Across the country, COVID-19 was the leading cause of death among police officers in 2020.⁶²

During the uprisings in response to the police murder of George Floyd, organizers in Chicago called for protesters to wear masks and get COVID tests before and after large demonstrations. Many Chicago police, on the other hand, simply refused to wear masks. Moreover, the CPD deployed tactics that could accelerate disease transmission, such as pulling masks off protesters, kettling or confining protesters to small spaces, immobilizing crowds by raising the bridges over the Chicago River, imposing curfews, and carrying out widespread arrests. Protestors were held at the Cook County Jail, which was already struggling to manage COVID and prevent transmission. The incarceration of protestors intensified the crisis, quickly transforming the Cook County Jail into a COVID hotspot. In the summer of 2020, six detainees and one guard died while 500 detainees and 300 guards tested positive. By September 2021, the jail acknowledged nearly 2,700 cases.

At the same time, COVID-19 added to the CPD's longstanding commitment to high-tech racialized surveillance. Chicago police used ShotSpotter alerts as a prompt for breaking up informal gatherings and arresting people for violating public health orders. They used social media monitoring to identify and disrupt plans for house

parties, memorials, and other events. After the 2020 uprisings, the CPD and the Federal Bureau of Investigation established a joint task force to continue monitoring social media accounts. The same summer, the CPD purchased its first drones using off-the-books assets seized during investigations. And after popular demands for the health-related release of inmates from Cook County Jail, the Cook County Sheriff's Office expanded the use of ankle monitors as a form of what Maya Schenwar and Victoria Law call "prison by any other name."⁶³

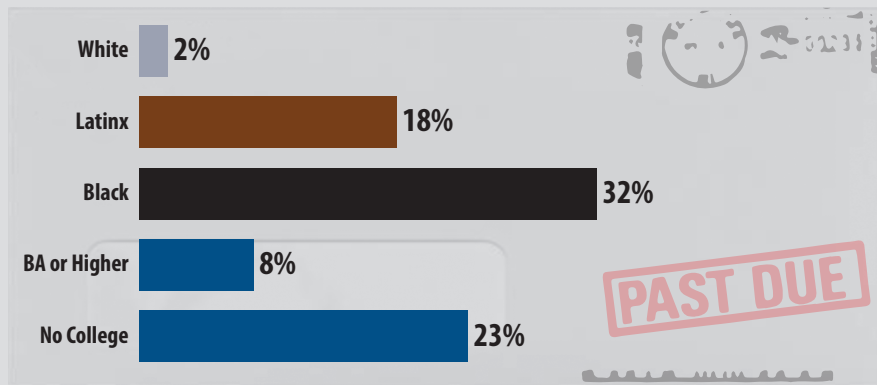
Finally, the pandemic expanded the reach of the police by promoting data sharing and interagency coordination under the rubric of public health. Contact tracing led to the massive expansion of personal data collection and accelerated flows of data between government and private sector agencies. At the federal level, the Trump administration hired Palantir, a corporation at the forefront of predictive policing, to manage COVID-related data sent to the federal government from state and local public health agencies.⁶⁴ The consequences of data sharing are immense. In Minneapolis, for instance, police used contact tracing apps to track and arrest people protesting the murder of George Floyd. In Chicago, the City used funds from the CARES Act to promote coordination between the CPD and community-based violence prevention teams, which were enlisted as public health "ambassadors" in targeted Black and Latinx communities. Every move to increase coordination and data sharing extends the web of criminalizing surveillance and further ensnares communities of color.

In short, policing proved ineffective as a public health strategy, while actively contributing to the spread of COVID in ways that disproportionately impacted Black and Latinx communities. At the same time, the police treated the pandemic as an opportunity to expand racialized surveillance and the criminalization of communities of color in Chicago. We expect these impacts to continue through the COVID pandemic and beyond.

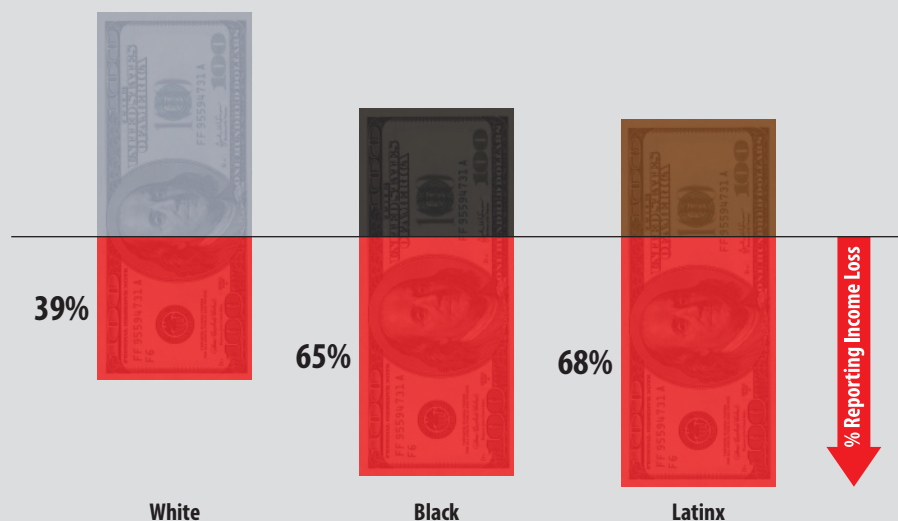
COVID-19 DATA SNAPSHOTS

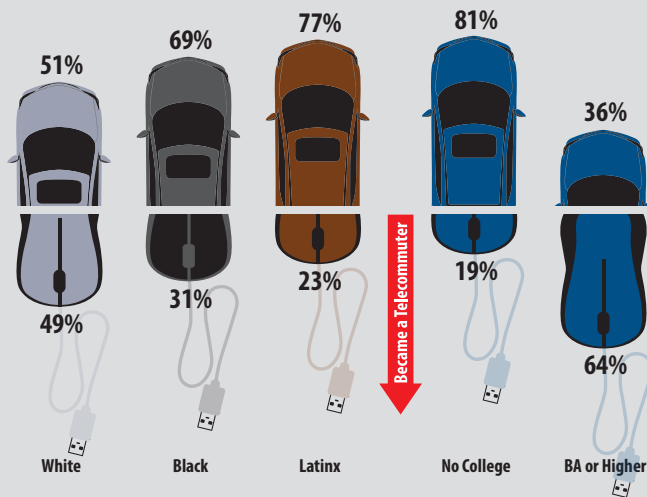
Unless otherwise noted, the graphics below present data snapshots on key indicators for the first six months of the pandemic, March 13, 2020 - September 28, 2020, for the Chicago Metropolitan area. Drawn from the U.S. Census Bureau Household Pulse Survey, they allow us to see patterns in how different households were immediately impacted as the pandemic unfolded and the related public health mitigation strategies were rolled out. They also appear elsewhere in the report close to the related section of content each addresses, but we include them here together as they collectively tell an important story about how the pandemic has shaped the conditions and experiences of different groups in the region.

HOUSEHOLDS BEHIND ON RENT

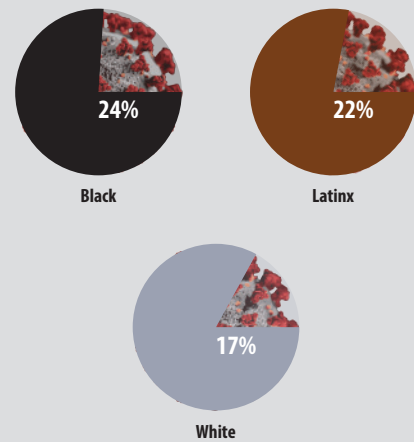


HOUSEHOLDS THAT REPORTED LOSS OF EMPLOYMENT INCOME



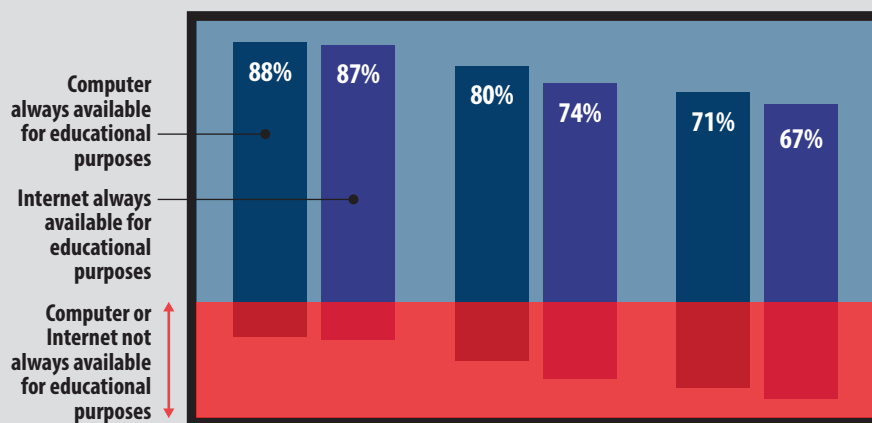


HOUSEHOLDS THAT SUBSTITUTED TELEWORK FOR IN-PERSON WORK

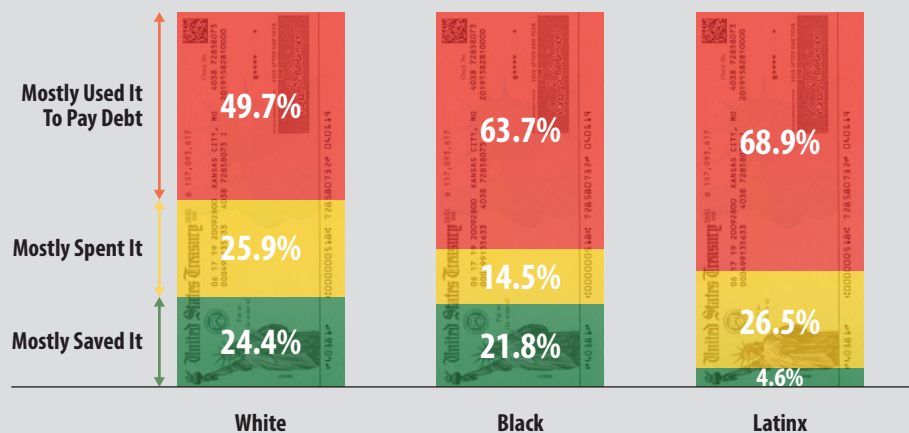


U.S. HOUSEHOLDS THAT REPORTED COVID-19 RELATED CHILD CARE DISRUPTIONS

(U.S. Census Household Pulse Survey, April 14– June 7, 2021)



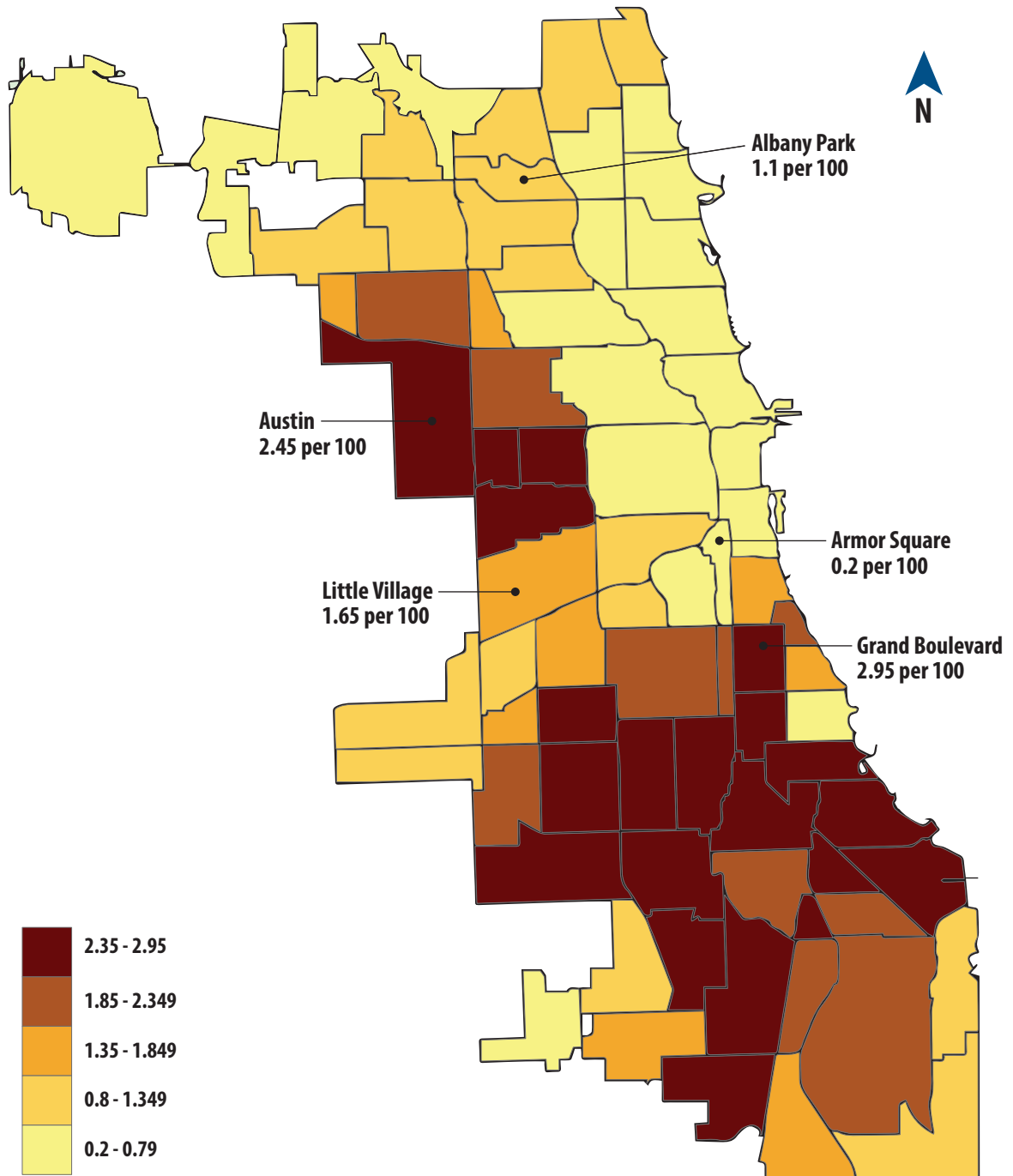
HOUSEHOLD DIGITAL ACCESS FOR EDUCATION



HOW HOUSEHOLDS SPENT THEIR SECOND STIMULUS CHECK

(U.S. Census Household Pulse Survey, Feb 3 - 15, 2021)

MEDIAN RATE OF FORECLOSURE ACTIVITY PER 100 RESIDENTIAL PARCELS BY COMMUNITY AREA FROM 2007 THROUGH 2020



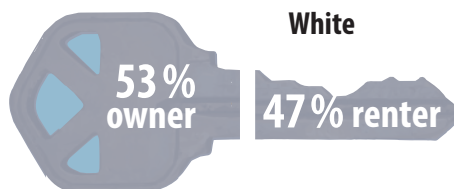
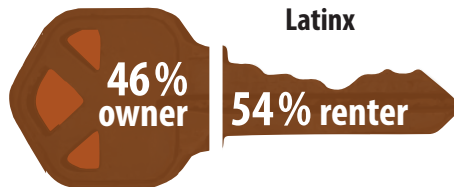
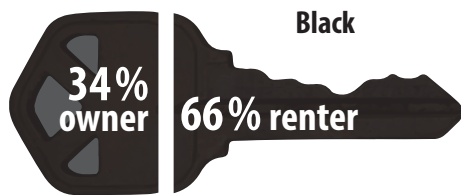
Data: DePaul Institute for Housing Studies Calculations of Data from County Circuit Courts via Property Insight, Record Information Services, County Assessor's Offices

HOUSING

Housing has been a central focus of COVID-19 policy development since the first outbreaks of the pandemic. Stay-at-home orders were among the first policies issued to curb outbreaks in March of 2020. However, despite early recognition that housing is a primary component of public health policy, programs designed to address housing insecurity have lagged. Overall, housing policies have been reactive rather than proactive – focused on dulling the economic fallout resulting from business closures and unemployment rather than preventing COVID-19 outbreaks. For example, rather than focus on preventing housing insecurity, housing programs and policies have been designed primarily to mitigate the harms of the housing crisis brought on by COVID-19 by aiding those who can demonstrate an acute need for rental and housing assistance in the wake of the pandemic. Both nationally and locally, housing insecurity caused many to work in unsafe, public-facing jobs, exposing family members to infection risks as they still experienced mounting debt and fears of eviction.

Like public health interventions, once housing assistance policies were rolled out, their implementation in Chicago included racial equity goals. After all, housing insecurity is unevenly distributed across racial groups in the city, county, and state. There are numerous examples of longstanding racial inequities in housing in the region. A combination of factors including persistent residential segregation and predatory lending practices means that white residents are more likely to own their own homes than Black or Latinx residents, those homes are assessed at higher value, and Black and Latinx neighborhoods in Chicago have been hit hardest by foreclosures leading to the displacement of these residents from the city.⁶⁵ Furthermore, according to data compiled by Housing Action Illinois, Black residents of Illinois are 8 times more likely than white residents to become unhoused.⁶⁶ Black and Latinx residents are also more likely to be rent burdened, paying a high proportion of their income in rent. This section of the report examines how these known racial disparities in housing security have been magnified by the pandemic and analyzes the failure of local policies to successfully mitigate disparities.

5-YEAR ESTIMATES OF CHICAGO HOME OWNERSHIP AND RENTAL RATES BY RACE, 2015 - 2019



All Chicagoans 45% Owners 55% Renters

Source: U.S. Census, American Community Survey, 2019 5-Year Sample

Our interviews identified four different elements of housing insecurity that the current policy framework failed to address: (1) the downstream impacts of housing insecurity and affordability on health and financial stability; (2) the formal requirements of relief programs and protections that miss how affordable housing operates through informal relationships and arrangements; (3) the inadequacy of current policy frameworks to actually address housing instability and residential displacement stemming from patterns of real estate development; and (4) barriers residents face in accessing available rental assistance. We detail the cascade of policies

5-YEAR ESTIMATES OF MEDIAN HOUSEHOLD PROPERTY VALUES IN CHICAGO, 2015 - 2019



Source: IPUMS USA, American Community Survey, 2019 5-Year Sample

at the city, state, and federal level that were rolled out between March 2020 and the fall of 2021 that pertain to housing in Chicago. The language, framing, and funding allocated to these policies and programs provide a backdrop for analysis. The specifics of these policies are changing even as this report is written, but there is an emerging policy framework that we present here. As before, we turn to the experiences of residents in Austin, Little Village, and Albany Park to describe the experiences of housing insecurity for Black and Latinx people in Chicago and to illustrate the themes identified above. Specifically, residents' stories highlight the core tension in the city's housing policy approach: secure housing was critically important to staying safe during the pandemic, but housing programs have been designed to respond to the economic effects of COVID-19 pandemic after the fact, not to prevent those effects in the first place. This is a matter of racial justice because there were known racial disparities in housing security prior to the emergence of COVID-19. The conclusion of this section offers some recommendations for a policy framework to better situate housing as a fundamental public health resource.

Chicago's Policy Response

One of the greatest strengths of the policy response to COVID-19 in Chicago was its early and consistent emphasis that having places to shelter safely would be a critical factor for residents to avoid outbreaks. Three types of housing policies are especially important for understanding the COVID-19 pandemic and its housing outcomes: (1) stay-at-home or shelter-in-place orders; (2) eviction moratoria; and (3) emergency housing relief programs that assist in covering the cost of rent or mortgages. These policies rolled out at the federal, state, and city level in Chicago. From the outset, policies reflected an acknowledgement that housing inequities would be worsened by the pandemic. Despite voicing equity as a goal, these housing policies and programs were never designed nor sufficiently equipped to mitigate or prevent inequities.

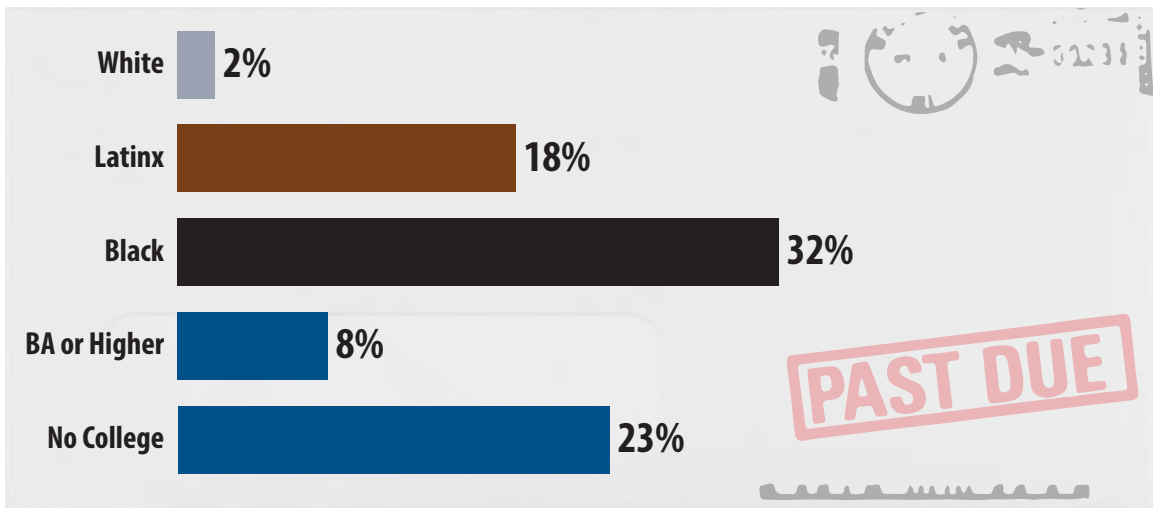
Secure housing was critically important to staying safe during the pandemic, but housing programs have been designed to respond to the economic effects of COVID-19 pandemic after the fact, not to prevent those effects in the first place.

Stay home, stay safe

Shelter-in-place orders and advisories have been employed by both Illinois and Chicago at various points from March 2020 to early 2021 in order to minimize the number of people congregating in public spaces and potentially transmitting the coronavirus. In Chicago, the first shelter-in-place order was signed by Allison Arwady, Commissioner of Health, on March 18, 2020.⁶⁷ The order required residents of Chicago to shelter in place to minimize public exposure and stipulated fines for violating the order. Arwady's shelter-in-place order was effectively replaced when Chicago adopted Illinois Governor J. B. Pritzker's stay-at-home order on March 26. Pritzker's order lasted until June 3, 2020, when the state prepared to reopen businesses and public spaces in accordance with the Restore Illinois Plan. In the governor's stay-at-home order, unhoused people or people facing intimate partner violence were not required to remain at home. In those cases, the order urged residents of Illinois to find safe housing options. Otherwise, residents were ordered to not leave their homes except for work, other tasks deemed essential, or necessary medical care. Chicago also provided additional health resources to temporary shelters and provided portable washrooms and handwashing stations for unhoused encampments in April 2020. The city also funded programs to rapidly place some unhoused people in rentals and created some temporary shelters to alleviate crowding when unhoused people were recognized as an especially high-risk group for COVID-19 transmission.

Eventually, the strict framework of shelter-in-place orders was replaced with the language of advisories, which recommended that people stay home when possible but did not make it an enforceable policy. The first of these stay-at-home advisories was issued on November 12, 2020, by Mayor Lori Lightfoot in response to growing COVID-19 test rates across the city and went into effect on November 16. This advisory was soon adjusted to better correspond to the statewide advisory issued by Governor Pritzker and was extended into January 2021 when vaccination campaigns had begun. With respect to housing, the advisories simply reiterated that staying home, apart from *"work or school, or for essential needs such as seeking medical care, going to the grocery store or pharmacy, picking up food, or receiving deliveries"*⁶⁸ was requested for public safety. Between these advisories and earlier stay at home orders, the public health response in Chicago and Illinois consistently relied on residents' access to safe, secure, private housing, or shelter to curb transmission of COVID-19.

6 MONTH LOCKDOWN SNAPSHOT: CHICAGO METRO HOUSEHOLDS BEHIND ON RENT PAYMENTS



Source: U.S. Census Household Pulse Survey Week 15 (September 16 - 28, 2020)

Moratoria on evictions

Stay-at-home orders and advisories were policies put in place that relied on residents' access to safe housing or shelter. Given the immediate economic consequences of the pandemic, and in order to try and protect access to safe housing for renters and homeowners, moratoria on evictions and the federal foreclosure moratorium were put in place. The federal foreclosure moratorium offered protection from foreclosure for up to 15 months starting in March 2020, with protections ending in June or July 2021 depending on the loan backer. Most of the residents interviewed in this study were renters, so the eviction moratoria will be our focus. Eviction moratoria were designed to prevent renters from being evicted and potentially contributing to the spread of COVID-19 by seeking shelter elsewhere under more crowded or unfamiliar conditions. While the stay-at-home order and eviction moratoria were designed to prevent people from losing shelter, these policies did not relieve tenants of their responsibility to pay rent. Coverage under all moratoria was also limited to households with less than \$99,000 annual income and to those whose ability to pay rent was demonstrably undermined by the pandemic, requirements that are documented on forms issued to tenants and landlords.

The first 120-day moratorium on evictions was included in the federal CARES Act bill that passed in March 2020, which expired on June 24. The Centers for Disease Control (CDC) issued a federal moratorium on evictions that was put in place on September 4, 2020, to address the gap left after the CARES Act moratorium expired. This order was also extended but subsequently expired on July 30, 2021, with further extensions ruled out by the Supreme Court. The CDC order cited research from the Urban Institute which found that an estimated 43 million renters benefited from the national moratorium on evictions⁶⁹ and the Census Household Pulse Survey which estimated that 6.4 million households were behind on rent in the U.S.⁷⁰ On August 3, 2021, in response to organizing and activism from housing advocates, the Biden Administration implemented another 60-day federal eviction moratorium for those areas of the U.S. being most impacted by the new Delta variant of the virus.⁷¹ This measure was struck down by the United States Supreme Court in August 2021.

Alongside the federal moratoria on evictions, the federal government provided \$46.5 billion in rental aid to support tenants in continuing to pay rent through the pandemic. Despite this substantial support, however, at the time the Supreme Court struck down the extension of the federal moratorium in August of 2021, very little of the federal funds earmarked for rental assistance had been dispersed to tenants and landlords. National figures reported that only 2.8 million out of the estimated 6.4 million households behind on rent had applied for that aid and of that, only 500,000 of those reported receiving assistance.⁷²

In addition to federal eviction moratoria, in Illinois, Governor Pritzker issued a state-wide eviction moratorium that effectively halted all residential eviction proceedings unless a tenant posed a direct or demonstrable threat to people or property.⁷³ The Illinois moratorium was slightly stronger than the CDC moratorium because it also applied in cases where a lease expires, so a landlord could not refuse to renew a lease and force a tenant to relocate if the tenant was covered by the moratorium. This moratorium was originally slated to expire August 1, 2021. However, after it became clear that more time would be needed for federal dollars to be rolled out to renters through emergency rental assistance (ERA) programs, and under pressure from housing advocacy groups, Governor Pritzker ultimately extended the moratorium to October 3, 2021. Additionally, the Illinois legislature has passed HB2877, which will seal eviction records for tenants between the months of March

2020 to March 2022. This means that residents who are evicted when the moratorium runs out will not have that eviction follow them on their record. Furthermore, tenants with pending applications for assistance cannot be formally evicted. The City of Chicago has also supplemented Illinois policies with a local COVID-19 Eviction Protection Ordinance that tacked on a 60-day extension to the Illinois moratorium on evictions; introduced a five-day window for tenants to notify their landlord of economic hardship related to COVID-19 after the landlord gives them notice of rent overdue; and established a seven-day negotiation period into eviction proceedings based on unpaid rent after this five-day window has passed. In effect, this ordinance creates institutional delays in eviction that incentivize tenants and landlords to reach an agreement that will allow tenants to stay in their homes whenever possible. The Chicago Department of Housing (DOH) has also passed a Fair Notice Ordinance which requires landlords to provide at least 60-day notice (rather than 30) if they will not be renewing a lease. Local and state policy frameworks have emphasized the importance of keeping people housed and in-place as a public health measure during the pandemic, restricting evictions and regulating eviction proceedings.

Emergency rental assistance programs

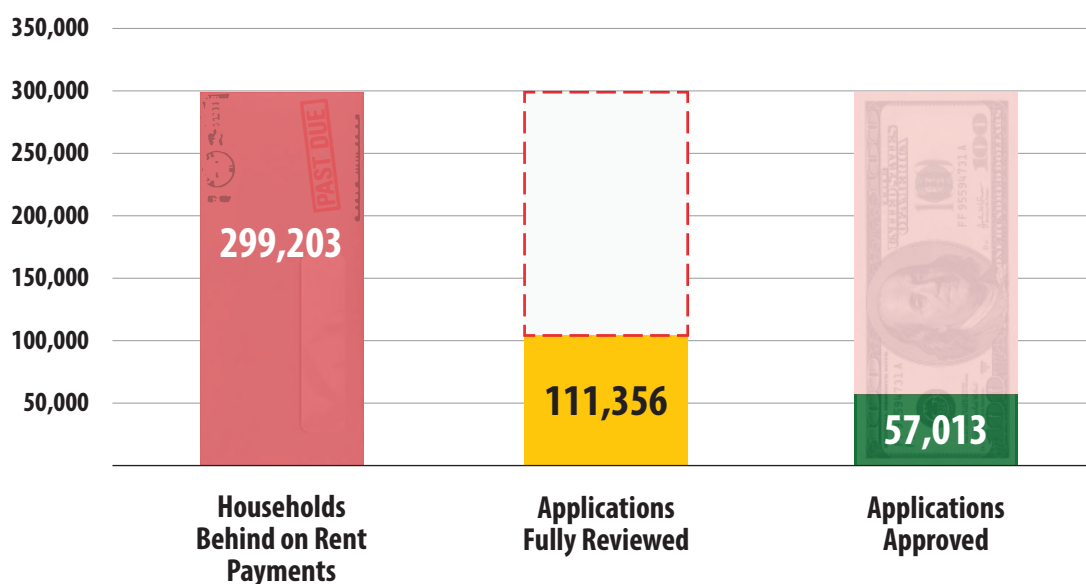
Rental and mortgage relief programs that provide public funds to cover housing debt resulting from the COVID-19 pandemic have federal, state, and local components. Federal government agencies do not administer any relief programs directly, but federal bills have provided the bulk of funding for state and local programs. In Chicago, there have been effectively three waves of emergency housing relief funding in the form of Emergency Rental Assistance Programs (ERA) and Emergency Mortgage Assistance Programs (EMA), and more waves of funding are being rolled out as of the Fall of 2021. Here, ERA programs are the primary focus because more funding was distributed to renters than owners and most of the residents that we interviewed were renters. In May of 2020, the Chicago DOH recognized the need for immediate, urgent housing assistance and allocated \$2 million from their existing funds to create the city's first ERA. Ultimately, this program funded 2,000 households at a rate of \$1,000 each by the end of 2020. It is worth noting, however, that the city received 83,000 applications for this first ERA program,⁷⁴ a rough indicator of need for housing relief among Chicago households. A second round of the ERA was funded

with CARES money and some support from Chicago's philanthropic community. This second wave of ERA funding allocated over \$30 million to over 10,000 households in Chicago through the city government's DOH program. Chicago residents were able to apply for the Illinois, Chicago, and Cook County ERA programs at various points in 2020 and 2021. The Illinois Housing Development Authority (IHDA) distributed a total of \$324 million for housing assistance in 2020, approximately \$153 million of this went to over 30,000 applicants in Cook County at a flat payment rate of \$5,000 to each applicant.⁷⁵ It is unclear whether applicants might be counted twice between Illinois and Chicago ERA data.

What is clear across these programs is that many tenants struggled with accessing the information and documentation required to complete applications, and that the need for housing relief has remained high. While over 79,000 applications were submitted to the Illinois ERA in 2020, less than 50,000 were approved for the funds.⁷⁶ The Chicago DOH has worked hard to design their program to be as accessible as possible, offering case management assistance for applicants in multiple languages and in-person assistance at several sites throughout the city. Additionally, the city has contracted community-based partners to help administer the funds more effectively to some of the most-impacted areas in Chicago. Collectively, the Emergency Rental Assistance Programs represent a large investment in housing security on the part of Illinois and Chicago, but the need for relief is immense.

Another round of coordinated ERA programs has been completed in 2021. In Chicago, the application period for this round was open from May 24 to June 8 and covered up to 15 months of rent (12 months in the past and three in the future).⁷⁷ This is coordinated with the statewide 2021 Illinois Rental Repayment promising a total of \$1.5 billion of ERA, dispersed over several rounds, with a maximum grant amount of \$25,000 per household, covering the period of June 2020 to August 2021.⁷⁸ According to IHDA metrics from October 20, 2021, over 100,000 ERA applications were confirmed for the state program and 57,000 were funded with over \$500 million of allocated funds at an average payment of \$9,090 per household. Unfortunately, only 64 percent of applications were successful: 22,234 were deemed duplicate or fraudulent, 12,974 were "being cured," and 19,135 were denied.⁷⁹ Applications for the next round of ERA in Illinois opens on December 6, 2021. Sixty million of the original funding package allocated for housing relief in Illinois has been used to create a court-based ERA program for tenants who are facing eviction and have

PANDEMIC SNAPSHOT: ILLINOIS RENTAL PAYMENT PROGRAM AS COMPARED TO ILLINOIS HOUSEHOLDS REPORTING THAT THEY ARE BEHIND ON RENT PAYMENTS SEPT 29 - OCT 11



Sources: Illinois Housing Development Authority, Illinois Rental Payment Program Fast Facts to Date (Cumulative through October 20, 2021); U.S. Census Household Pulse Survey Week 39

not received rental assistance but may still qualify.⁸⁰ Ultimately, the goal of these programs has been to cover the housing costs for all who qualify and to avert a housing crisis like the one that began in 2008.

It remains to be seen whether the current levels of funding are sufficient to ensure secure housing for households most impacted by the pandemic in Chicago. The sheer volume of applications and the number denied or in need of administrative assistance to be accepted suggest that there remains a long way to go. Even as the ERA programs across Illinois effectively meet their goals of distributing hundreds of millions of dollars, tens of thousands of applications are not funded for various reasons. In addition, this does not account for people who might need assistance but were unable to apply at all. Furthermore, as noted above, rental debts accrue relatively quickly. Government agencies have struggled to keep up with these debts and the changing legal protections for tenants, like eviction moratoria, when dispersing assistance funds. Even if there are sufficient funds, the gap between when the need for assistance arises, how long the application process takes, and the time required to fix or “cure” a problem application means that assistance may come too late to help many families remain housed and secure.

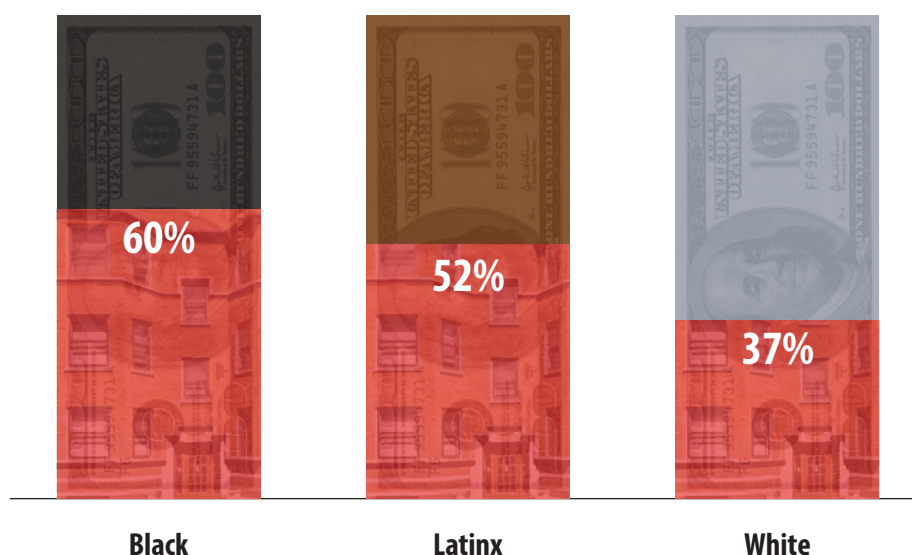
Assessment of limitations

Based on qualitative interviews with residents of impacted neighborhoods, we find that the current policy framework for housing programs failed to reach many residents of Chicago by treating housing as a private economic liability rather than a public health concern. Despite the framing of housing security as a public health intervention, housing policies and programs in practice did not invest in housing security to prevent transmission. Instead, housing policies have focused on deferring the worst effects of housing insecurity and provided limited and delayed support on a case-by-case basis for households whose housing has already been impacted by COVID-19. As a result, what we heard from residents in our interviews mirrors what reporting has found, namely that Chicago residents contracted COVID-19 at work because they needed to keep their hours to make rent, residents lost housing through informal avenues, and residents have amassed debt when they were unable to work. Because affordable housing is frequently accessed informally, through verbal agreements and community networks, and because policy protections and relief programs assumed formal housing arrangements, many residents who were most dependent on affordable housing found protections and relief programs impossible to engage. Further, there have been tremendous barriers to accessing emergency rental assistance. Current policies are only designed to address the struggles faced by residents who can meet certain formal requirements, meaning that many will likely face acute housing insecurity in the future.

Downstream impacts of housing costs

Before we discuss the barriers presented by formal applications and inadequate funding availability, we begin where the residents we interviewed began when they spoke about housing—with the fact that housing costs were a substantial burden on their income and wellbeing. Housing costs kept them going to work even when it felt unsafe. As the single largest expense for most residents, they reported that efforts to maintain housing often curtailed their families' abilities to eat good food, make choices to stay safe at work, and take care of children and elders. Residents' comments demonstrate why it is important to frame housing as a basic policy and funding priority, especially in times of public health crisis.

PERCENT OF CHICAGO HOUSEHOLDS WHOSE RENT IS 30% OR MORE OF THEIR HOUSEHOLD INCOME BY RACE, 2015 - 2019



Source: IPUMS USA, American Community Survey, 2019 5-Year Sample

Housing was the primary source of financial stress that interviewees mentioned, and they often cited their housing costs as the reason they had to consider working unsafe jobs. Even when interviewees felt fortunate to have relatively stable work, they were sometimes caught between concerns that their workplace may not take their safety seriously and concerns that they might not be able to keep up with their bills. One resident of Austin articulated this concern about her work at a FedEx center where, after confirming that she was not provided PPE, she explained:

To me, FedEx was slow to react to it. Some stores you go in now, you see those little plastic—those little plexiglass screens up so people don't be right up on you. FedEx never done that. They still haven't done that. To me, they're not doing enough to protect their people. I just feel FedEx can do so much more. [...] We worked through the pandemic, but they didn't offer us hazard pay. (1/20/2021)

Perhaps these challenges related to safety and employment are not surprising. However, considering the cost and importance of maintaining housing, the pressure to stay at work despite these challenges is alarming, as this same interviewee explained later:

[Rent is] a very high cost because everything went up. Everything went up. Everything got expensive. Yeah. It became a burden. [...] As they started to lay people off, as our hours started to get cut. Our store used to be 24 hours. It's no longer 24 hours. They close it at 6:00 p.m. so we're not doing our full 40 hours. (1/20/2021)

This Austin resident cogently articulates the connection between housing expenses and the need to work as many hours as possible, even when she feels that her company does not have her safety in mind. Another Latinx resident of Little Village who worked at a hospital as a staff member, but not as a care provider, discussed the dilemma many working parents faced during the pandemic. She felt glad that she could support her family and pay bills but was simultaneously really frustrated about being put in jeopardy on the job. She had contracted COVID-19 at work and exposed her parents, in-laws, brother, husband, and children. She recounted struggling with the news that she had exposed her family members to COVID-19, especially in light of her case worker's directive that she now needed to isolate, which was very difficult given their housing conditions:

If you have children you need to get them out the house if possible with people that can take care of them. You have to isolate yourself, keep one bathroom to yourself. We live in a three-bedroom apartment, kind of four-ish. We made half of the living room into a room. It's all of us. I'm like, 'I have COVID, oh my god.' (4/23/2021)

So, when vaccinations were eventually available for her through the hospital, she jumped at the opportunity in order to avoid exposing her family again. Even though she had felt it was unsafe this resident was very committed to keeping her job – leaving wasn't an option. Vaccination eventually helped assuage her concerns, as she elaborated,

If I was able to at least help out a little in the household with that, I mean, especially me working in the healthcare industry, that would be great. Knowing that my parents are there, my children, all of us, that was the main priority. I didn't wanna go back home—and I felt like I was the one that started all of this in the household, so I kind of felt guilty for that. (4/23/2021)

Vaccination helped resolve the frustrations that she experienced with the heightened risk of contracting COVID-19 because of her work and being unable to distance from

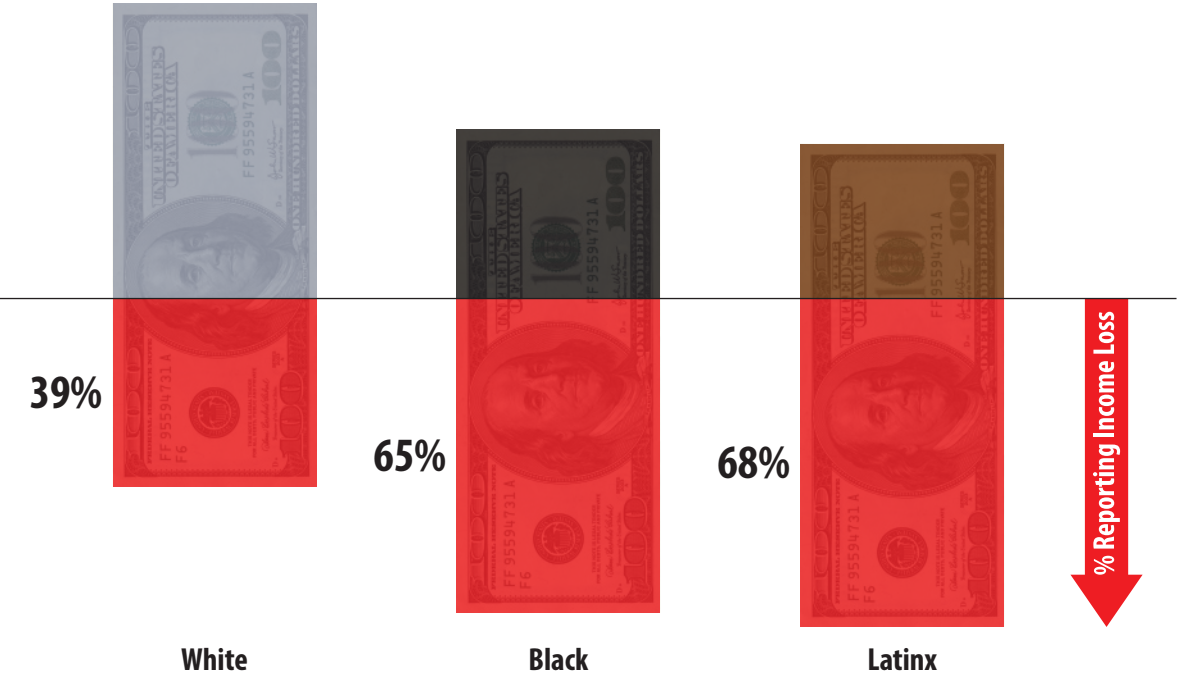
her family at home. In this case, housing was both a factor that financially pressured her to continue working and also meant that she could not protect her family from infections that she might bring home from the hospital.

Other interviewees explained that they had to quit going to their jobs because they were too worried about contracting COVID-19, or lost work due to business closures, and were having to navigate going into debt or cutting other expenses. One Black interviewee in Austin, who is the sole caretaker of her 14-year-old son, explained how she was too afraid to continue working , saying that,

I'm a [at-home] caregiver, and that's what I'm doing with SEIU, but I can't even go in their houses now because I got this boy here. [...] [W]hat I'm saying is that I'm afraid to get it. I'm afraid of the COVID-19 because some people have gotten it from going in and out of people homes. (12/11/2020)

Without her work as an at-home caregiver, she was unable to keep up with bills and, despite owning her own home, was unable to make needed repairs. She lamented that she was unable to keep up with maintenance on her home, worrying that,

6 MONTH LOCKDOWN SNAPSHOT: CHICAGO METRO HOUSEHOLDS THAT REPORTED LOSS OF EMPLOYMENT INCOME



Source: US Census Household Pulse Survey Week 15 (September 16 - 28, 2020)

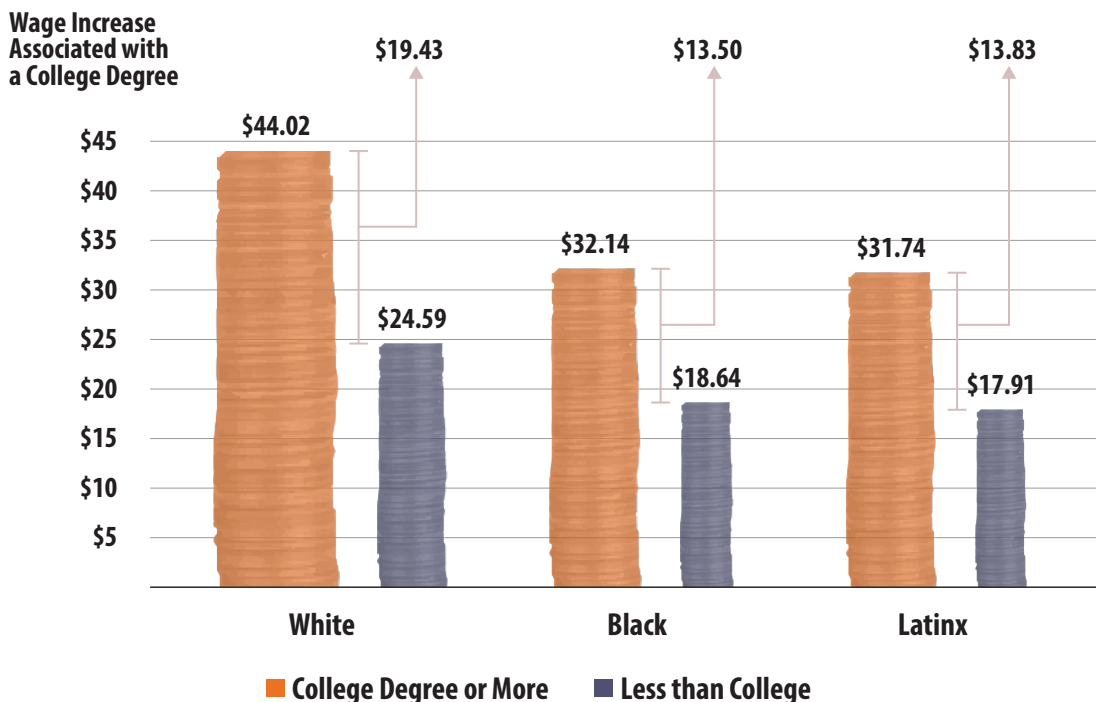
Yeah, but look, these houses, I'm quite sure I need a roof, and I need some windows. [...] Boy, my steps fallin' apart. They just fell apart. [...] I need a roof, and I need some windows, and it be cold in some of these rooms. [...] I make do. I get me some sheets and blankets, and I may put the oven on [...] to stay warm. [...] Yeah, I know how to survive. (12/11/2020)

Another Black Austin resident explained that because she had lost work due to COVID-19, she was having to juggle bills, alternating between making payments on her car versus making her rent, explaining that,

My car note is \$250 every two weeks. I'm like \$1,000, like \$1,000 on my car note, And I'm like two months behind on my rent. [...] Well, it's like, reasoning with the landlord. You know, pay John to pay Brian. And reason with the dealership. You know, to pay John to pay Brian. Asked for family members to help me out. My mom, my dad. (12/3/2020)

As this interviewee describes, during the pandemic, maintaining secure housing required people to make hard choices. In this case, balancing keeping a car for transportation and keeping a place to live has required going into debt on both

5-YEAR ESTIMATES OF CHICAGO HOURLY WAGES BY EDUCATIONAL ATTAINMENT AND RACE, 2015 - 2019



Source: IPUMS USA, American Community Survey, 2019 5-Year Sample

accounts and relying on family support. Similarly, a Latinx interviewee from Albany Park who is undocumented and had lost work for several months, explained his situation and the stress he faces every month succinctly: *“Really, it’s stressful to see the end of the month. You don’t have the money available to make rent payments, pay bills, and even sometimes for food”* (4/13/2021). As he describes, losing work quickly turns housing costs into a major concern that impacts other bills and even food security.

In general, keeping affordable housing was a major concern for interviewees. For the residents we spoke to, housing expenses represented a significant financial hardship. Across the board, they noted how urgent and immediate their housing needs were, and how they had to make hard choices to meet them. As we will discuss more in depth below, these families did not have reserves of resources to draw on when the pandemic started so the impact of financial precarity hit immediately and there was little time to wait for government relief when housing costs were depressing their budgets for food and transportation.

Formal protections, informal lives

As we described, at the federal, state, and local levels, housing protection programs were rolled out throughout the pandemic to protect the most vulnerable from evictions and provide housing assistance. Policymakers were well aware of the need for safe housing and of the pandemic-related factors that were making it hard for many to afford it. However, formal requirements embedded in the application process for relief funds and the formal lease agreements required to be protected under eviction moratoria left many residents vulnerable to informal evictions and without access to relief funds. By formal arrangements or requirements, we mean the written documentation, signed agreements between renters and landlords, and statements issued by banks, employers, or other authorities. By informal arrangements we mean the handshake agreements, verbal agreements, under-the-table payments, and other unrecorded or loosely defined agreements and relationships through which many Chicagoans obtain housing. Before the COVID-19 pandemic, when few eviction protections or rent relief funds were available, informal arrangements were often residents’ pathway to affordable housing options. The informal arrangements that people relied on included having roommates who all agreed to

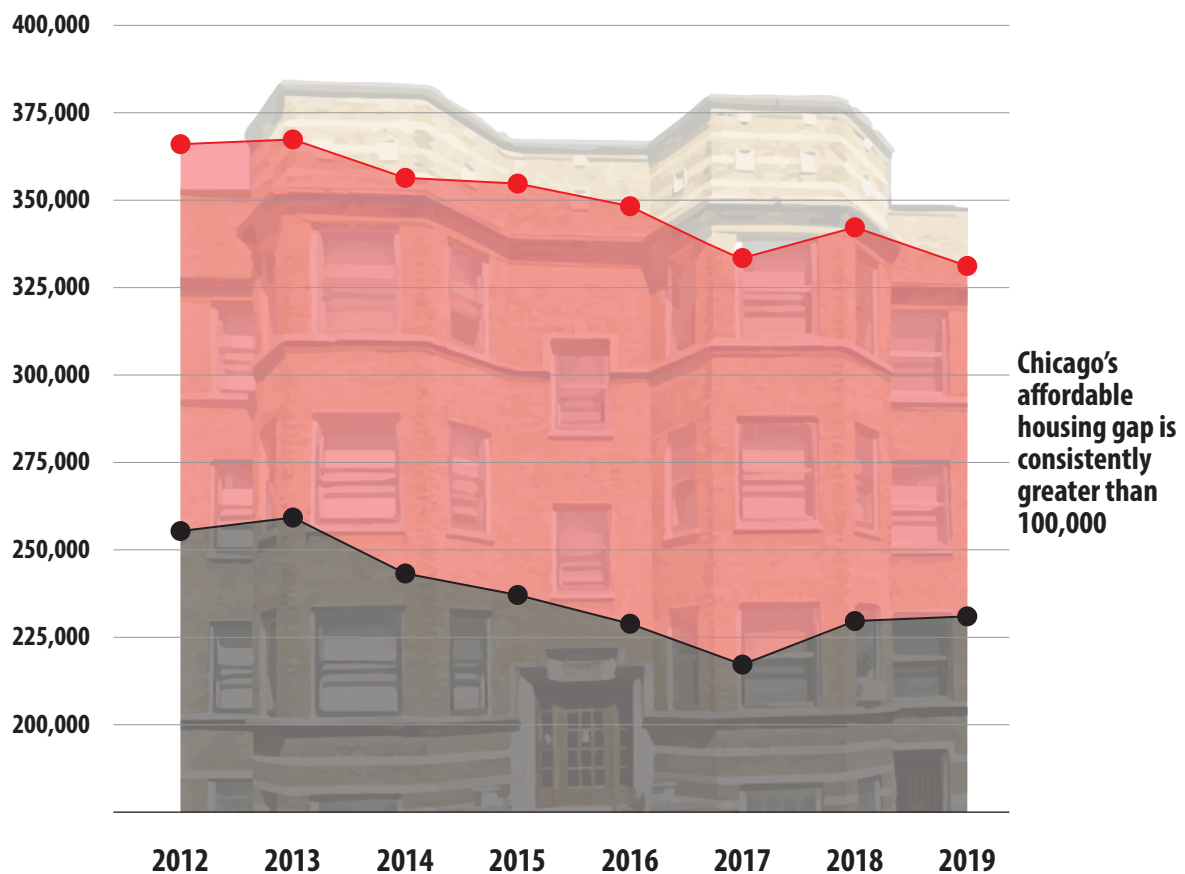
split the housing costs, verbal leasing arrangements, and personal relationships with landlords. Interviewees explained that these informal arrangements were critical to their housing before and during the pandemic. Where informal arrangements with landlords or roommates kept housing affordable before, residents also depended on informal financial and bureaucratic assistance from friends and families during the pandemic. A critical problem for these families during the pandemic was that none of these arrangements or exchanges were documented or formalized in the ways that were required by pandemic rental assistance programs. This meant that many of the households most in need of rental assistance have received very little government protection or support.

The lack of affordable housing in Chicago was dire before the pandemic. In August of 2019, DOH Commissioner Marisa Novara noted that the city had a 120,000 shortfall in affordable housing units.⁸¹ By far the most common theme residents spoke of with respect to the gaps between policy requirements and the realities of their actual housing situations was the lack of recognition of the personal relationships that people had long relied upon to attain and retain affordable housing. In many cases, informal relationships with friends and landlords were the difference between housing security and housing insecurity. One Black Austin resident who had struggled to keep her job working in customer service at Walmart expressed appreciation for how supportive and helpful her landlord has been. Her personal relationship with him made her feel safe and taken care of both emotionally and materially. She noted that her landlord is not only flexible with her on rent but also has helped her out with groceries:

Then my landlord. He's a tremendous help. Tremendous help. During these times, you can get nervous, you can get paranoid, your anxiety level goes up. When I get into that state, I will call him first 'cause he usually help calm me down, talk to me into a state of mind where I have to really think about what is going on. A lot of times, I get out of myself and think about others and what they're going through. Especially the homeless and seniors. [...] And my landlord. A lotta times, he'll tell me, 'Text me what you need, and I'll go get it. Just sit-down.' He's been awesome. (11/25/2020)

Informal relationships are not only a means to find housing but are often critical to maintaining safe and secure housing. Without having a relationship with her landlord

AFFORDABLE HOUSING GAP IN CHICAGO PRE COVID-19 PANDEMIC, 2015 - 2019



Source: Institute for Housing Studies at DePaul, 2021 State of Rental Housing in Cook County

where she is comfortable asking for assistance, this interviewee's experience of housing would have been very different. Another Black Austin resident recounted her experience being unhoused through much of the pandemic and the difficulty of finding shelter before she was able to eventually find a place to stay with a friend outside the city, explaining that,

See, I be having to find out about the place first. All the good shelters, they have waiting lists for months, sometimes maybe years, but they'll throw you in one of those old dirty shelters, and I wasn't going out like that. I said, hmmm. My friend called me from Plainfield. She said, 'You can come up here and stay with me for a little while.' I said, 'Okay. I'm on my way.' (4/12/2021)

In this case, without a social network of support, the resident would have been forced to keep navigating shelter policies and openings in the city. The experiences of these two Austin residents are but two examples of the ways that maintaining secure housing in Chicago, for many people, has been dependent on having connections to people who are able to help them out. These informal housing relationships are not captured well by lease agreements or other forms of documentation but have been critical supports for many of the people interviewed in his study.

Unfortunately, the need to rely on such informal relationships meant that some residents did not qualify for rental assistance funding or made residents unsure of what policies and programs they could rely on as a resource because they did not reflect their lived experiences as tenants and community members. For example, even though Chicago did have some funds available to assist undocumented residents, the application process presented daunting obstacles for this group. As one Latinx resident of Albany Park explained,

I don't have legal documents. [...]. Personally, for me, it's very complicated to get any kind of support, help, because we don't get the stimulus check from the government. And also, they wanted [me] to talk with the landlord so they can send him the money. And that's fine [...] The problem is that the homeowner then doesn't want to provide the information that they ask for on the W-9 form because they have to give their tax number. (4/13/2021)

In this case, because the interviewee is undocumented, he and his landlord have an informal rental agreement and the landlord is likely not reporting the rental income as taxable. Prior to COVID-19, this suited both parties, but as receiving COVID-19 rental assistance support requires formally documenting that relationship between tenant and landlord, this interviewee was unable to benefit from that program. Because his landlord was unable or unwilling to assist him in receiving formal support, this interviewee had to turn to personal relationships to get by.

Well, he [the landlord] doesn't really [help us]. [...] And the truth is, I had to borrow money. My son has been loaning money to me to pay the rent. So, I already owe my son like \$4,000. And I wanted to see a way to be able to get that money back to return that money. (4/13/2021)

In the case of this interviewee, even as housing programs are designed precisely to assist residents like him who'd lost income due to the COVID-19 pandemic, his experience of housing insecurity has been entirely incommensurable with its formal

requirements. Instead of receiving support from ERA, this resident has had to rely on family members to loan him money, and now worries that he will not ever be able to pay them back. This is a valid concern given that, because he received assistance from family members and does not technically owe that money as rent to his landlord, the expense will not qualify for state repayment. Of course, a landlords' tax history was not the only barrier that people in these neighborhoods were facing. Applications have requested both proof of income and proof of address from residents as well as proof of rent owed and proof of building ownership from landlords. Additionally, the expectation that people would have the information, technology (computers, phones), relationships with their landlord, and time to complete applications for support in a relatively short window (the 2021 window for IHDA funding was about 2 weeks) was unrealistic for many.

As a result of relying on informal arrangements for affordable housing, many interviewees experienced increased precarity during the pandemic, forcing them to move or take on additional hardships. Informal relationships, like those between roommates or with unsympathetic landlords, made some interviewees' housing inherently unstable. For example, when both she and her partner were unemployed, one white Albany Park resident found their landlord's offer of flexibility somewhat insulting, remembering that,

We asked her if we could have a rent reduction of like a couple hundred bucks. My partner was out of work. He was rehired at his union [eventually], but she said we could have \$15 off for one month. [...] That's one percent. That's one percent of my rent. She said, 'okay well, you can go back to the rent from last year,' and we were like, 'isn't that \$15 less?' And she's like, 'yeah.' (2/23/2021)

Beyond a lack of flexibility from some landlords, residents also discussed challenges with roommates in shared housing situations. Those who shared housing with roommates sometimes had to find new housing quickly not because of their own income loss but because of a roommate's lost work. One Black resident of Little Village who moved across the city explained that,

Yeah. A roommate of mine had to—well, they lost their job and had to figure out moving situation faster than we had initially planned. It was unplanned. We [had] to move within the next few months and that was all provoked by COVID and probably wouldn't have happened if COVID didn't happen. (2/23/2021)

Here, an informal relationship between roommates to share rent fell through due to the financial hardships brought on by COVID-19. Between roommates and landlords, it is clear that, while developing strong relationships can be a boon to secure housing, when these relationships do not exist or are put under stress, they also create housing insecurity. Ideally, these are the types of situations where government supports in the form of ERA and other programs would be of assistance. However, the formal requirements of such programs often made it difficult for residents to know how to accurately apply and how to demonstrate eligibility for relief.

In the most serious cases, the lack of formal documentation and clearly outlined relationships between tenants and landlords resulted in a loss of housing for residents through processes other than formal evictions that were barred by moratoria. Indeed, the same Austin resident who, earlier in this section, reported that she had found a place to stay with a friend after being unhoused for some time, explained that she lost her apartment because her landlord “disappeared” and failed to provide means for tenants to stay in place:

Interviewee: Oh, it was the bomb. I had been staying in the same place for around about maybe 15 years.

Interviewer: What happened around COVID? Can you break down what happened that you lost that place?

Interviewee: See, first of all, I had a slumlord. That was the first part. Then I think he got a little scared. The next thing you know, they say he went on a trip in Mexico, and I haven't saw him since. Mmhmm.

Interviewer: Did he lose the building?

Interviewee: Yeah. We didn't know who to pay the rent to. (4/12/2021)

In this case, the interviewee was not entirely sure of the full chain of events that resulted in being pushed out of the building. She had been renting from a “slumlord” – a term sometimes used by residents to refer to landlords who provide informal housing arrangements for tenants and circumvent regulations by doing so – who disappeared and left her without a claim to the place where she had been living or a way to pay rent, even if she had the money. In another instance, when asked about the most pressing issues facing the Austin neighborhood, a different interviewee offered an example of someone she knew who had recently lost housing:

Yeah, uh-huh, the loss of employment. I have seen this one lady; this is in September. Even though I believe strong-heartedly that her landlord was unsympathetic. He put her out. Her and her three kids. He changed the locks when she was gone one day. [...]. I think it was about September. [...]. Yeah, he did it anyway [in violation of the moratorium]. [...]. She end up going to a shelter. The last I knew that they was working on tryin' to find her some other housing. As I know, she's still in the shelter. (11/25/2020)

Here, the landlord actively displaced a tenant because it was clear that she would not be able to pay. Formally, this is an illegal eviction. However, without access to a lease agreement or other documents establishing a landlord and tenant relationship, the eviction never formally happened, and the tenant has little recourse. Many residents also reported that their landlords might refuse to address pest infestations or to make needed repairs as an informal tactic for pushing them out. Some landlords also refused to provide the documentation required from them by tenants applying for rental assistance, leaving tenants without a means to get aid.⁸² Furthermore, if any of these housing situations occurred in September 2020, very little rental assistance funds would have been available in the first place, even if the landlord would have agreed to accept the public funds and the requirements that come with them. After all, while tenants and landlords are given only weeks to submit applications for assistance, and informal evictions can occur overnight, it takes months for assistance funds to be distributed. These accounts of losing housing demonstrate how, when policies presume a housing market of formalized relationships, these policies have little purchase for residents who have historically used other strategies to find scarce affordable housing. Pandemic housing policies needed to provide accommodation for the ways that the most vulnerable and marginalized Chicago residents rely on informal arrangements to house themselves and, ultimately, to survive.

Long-term threats to affordable housing

Initial applications for the first ERA round run by the Chicago DOH in 2020 numbered 83,000.⁸³ The sheer number of applicants is a staggering estimation of the need for housing protections and support among households in Chicago. In fact, this is nearly as many applications as the IHDA program has received in 2021 for the entire state (111,356).⁸⁴ Whether the current levels of funding allocated by Chicago, the state

of Illinois, and the U.S. Congress will be sufficient to address housing assistance needs is an open question. Furthermore, it has often required several months for staff to process applications, meaning that in some cases the ERA funds distributed may not even cover the months of rent accrued while waiting for the payment to be dispersed. This is not a fatal critique of these programs or other policies but an argument for strengthening them to be more proactive. Indeed, residents reported that they were often uncomfortable or at least unsure of their housing even before COVID-19 hit Chicago due to patterns of disinvestment or displacement, and that this was only exacerbated as the months of financial uncertainty dragged on. Interviewees also expressed concerns for unhoused and unsheltered people in their communities, a population that they were often frustrated did not appear to be a higher policy priority. While ERA and other similar programs may be necessary tools for addressing housing insecurity, there are numerous underlying insecurities that such programs cannot address.

Short-term changes in the landscape of housing policy are dynamic and unfolding as this report is written, but long-term concerns have played out in the background. Currently, housing experts and policymakers are understandably hopeful that funds dispersed for housing relief will at least mitigate the present crisis. However, even if the COVID-19 housing crisis is effectively managed, housing insecurity was clearly a significant problem long before COVID-19 was even identified. As Daniel Hertz, Director of Policy at the DOH put it:

From a policy perspective, I do think there are things to hold onto [referring to legacies of COVID-19]. [...]. I mean, obviously, we're in a very particular rental crisis right now, but we were also in a rental crisis in 2019. There was a huge number—housing instability is always a crisis, whether or not there is some special economic, or pandemic, or whatever else is going on. (5/4/2021)

Yet, it was also clear to Hertz and other officials at DOH that COVID-19 would present a particular challenge, as he recollected that,

I remember we were still in the office when some of the first jobs numbers started coming in. It was five million jobs lost in one week or whatever. We were like, "Oh my God." It was immediately clear that it was going to be a massive economic crisis that was going to profoundly destabilize people's housing situations. (5/4/2021)

These reflections effectively convey the tension between the clear need for immediate policies that address the acute housing insecurities stemming from COVID-19 and the acknowledgement that these insecurities existed long before the pandemic. Despite the relatively narrow framing of many housing policies to focus on the direct, documented impacts of COVID-19, it is also clear that a broader and more lasting support structure is needed. While housing policies exist to support those needing affordable housing, they are not yet adequately equipped to halt the broad mechanisms of housing insecurity.

For example, since 2019, the DOH has worked to strengthen Chicago's Affordable Requirements Ordinance (ARO), which requires developers who are requesting new zoning for residential properties to include affordable units in their plans or pay fees that the DOH can use to support affordable housing. The ARO has also been strengthened to define affordability more stringently. However, because it applies to new development projects, most of the housing created and maintained under the ARO is new construction. As Antonio Gutierrez with the Autonomous Tenants Union (ATU) in Albany Park explained, older affordable housing stock, despite being a primary source of affordable housing, is not necessarily preserved or protected under the ARO:

Renovation is usually more of an internal thing, so the outside of the building never really changes. They [developers] might do some work on the outside but nothing major. That also excludes them from the Affordable Requirement Ordinance, or the ARO, that we have in the city of the Chicago. They don't have to create any of those units to be affordable. [Units] can be put on the market again after they are renovated at any given price that they want or that the market allows them. Sometimes that is double or triple the amount that the former tenants that we have supported were paying. (5/4/2021)

Gutierrez went on to explain how the ability for developers to subvert the ARO has led to patterns of displacement in Albany Park because older housing was a primary source of affordable units for residents. Gutierrez explained that, due to renovation and remodeling,

We're also getting rid of this natural stock of affordable housing that, yes, are not in the best condition, and, yes, sometimes more than one family is living in one unit—which is also against the code [...] within the city. But, ultimately, it's what people do to survive and to

be able to afford to live in a specific area. All of a sudden all of those units are disappearing from our community. Those families are being forcibly displaced out of our communities [...]. (5/4/2021)

Gutierrez's community-based analysis of housing in Chicago is incisive. The ARO is an important tool, but it leaves options open for landlords and developers to avoid making any commitment to maintaining housing affordability because it covers only a small proportion of housing in the city: new housing developed through zoning decisions. Interviewees quoted throughout this section have clearly linked security, stability, and safety to affordable housing. The conclusion of the housing section offers some broad recommendations for strengthening long-term policy approaches in Chicago based on the findings of this study. The housing policies put in place because of the COVID-19 pandemic may be able to circumvent a broad financial crisis but nonetheless leave many communities and families in worse housing conditions than when the pandemic started.

Barriers to Accessing Emergency Rental Assistance

Emergency Rental Assistance (ERA) programs have been one of the hallmark public policy innovations in response to the COVID-19 pandemic. However, these programs are also an example of the longstanding failures of social assistance programs that require individual proof of need to assess eligibility and distribute resources. Although these requirements are designed to prevent fraudulent applications for the thousands of dollars dispersed to applicants, they effectively narrow the pool of eligible applicants and thereby do not support many of the very people that the programs were meant to support. As noted, the number of applications for ERA funds in 2021 remains much greater than the number of applications approved for funding. Expert advocates pointed to an onerous application process as a primary barrier to seeking rental assistance. Eric Sirota, director of housing justice at the Shriver Poverty Law Center in Chicago, identified numerous examples of barriers faced by applicants to ERA programs. Specifically, he highlighted landlord cooperation and documentation as obvious hurdles faced by applicants, explaining that,

I do think the state process and guidelines, and, to an extent, the federal guidelines likely exclude eligible tenants and landlords, though it's worth noting that, in some instances,

states impose requirements more onerous than those required by the Federal Government. The Illinois Housing Development Authority is taking some steps to remedy that in this next round [summer of 2021], but in some ways might be making the application more onerous. Just to give some specific examples, in the last round, the application required the landlord to submit a written lease which, by definition, excludes tenants with oral leases or less formal arrangements. I don't believe that is going to be a requirement this time. But there is concern new onerous requirements may be introduced, like the submission of rent rolls, which, especially smaller landlords might not keep or might not have at the ready and which many tenants likely cannot easily access. (4/13/2021)

The Illinois Housing Development Authority (IHDA) does provide a variety of options for meeting the documentation and eligibility requirements in the 2021 ERA program, an improvement based on constructive criticism of the 2020 ERA program in Illinois. Under the new revisions, tenants could submit various forms of ID including a state driver's license, temporary visitor driver's license, state ID card, or U.S. or foreign passport and landlords could provide proof of rent owed in the form of formal notices that were provided to the tenant, an eviction notice, rent roll, rent receipt, or rent statement. However, despite increased flexibility, the latest version of the program does not address the more fundamental problem identified by experts: completing an application required detailed documentation from at least two parties.

Residents facing housing insecurity expressed that the numerous requirements create the appearance of an inhospitable program that is not really designed to help them. In addition to the actual bureaucratic barriers to the ERA applications, residents perceived the programs and their deadlines as unreasonable, as one Latinx Little Village resident summarized:

There are "a lot of different deadlines with a lot of documentation, again, when it comes to [...] housing assistance for rent, right? There were requirements, I know, that you needed to show contracts, signed by the landlord [...] A lot of families don't necessarily enter those contracts. You know, it will be rent, and you pay by month, and that's what it is. So getting certain documents, and getting them in a short period of time, before the money ran out or before the application period quit. Then it was a barrier. (10/19/2020)

This resident spoke to how the existence of so many specific bureaucratic requirements to prove eligibility for ERA programs, and the short windows to apply, makes these programs feel inaccessible to many residents. There have been some substantial improvements to this process between the program funded in 2020 and the program funded in 2021, specifically by providing more options for meeting documentation requirements and providing more real-time assistance to tenants and landlords when they are applying. However, the complex documentation required to prevent fraud in these applications remains a barrier. Framing housing as a human right rather than as a matter of personal responsibility would be a good start in the development of policies to address the acute affordable housing crisis.

Policy Suggestions

Drawing from residents' experiences and analysis of existing housing policies, we recommend that housing be treated as an upstream factor for racial inequities in health and wellbeing. By design or by default, housing has been treated as an industry that can simply be bailed out in the wake of crises, and an alternative approach is needed. In practice, this alternative approach should include: (1) investing in affordable housing programs that can maintain, create, and expand the number of affordable housing units in the city well beyond the 120,000-unit shortfall that was identified pre-COVID-19 and (2) eliminating barriers to participating in affordable housing programs by directing resources to community-level actors who are positioned to distribute them through a mixture of formal and informal networks. This report has shown that many Chicago residents who have experienced hardship during the COVID-19 pandemic accessed, sustained, and lost their housing without government protection or support because informal arrangements are primary pathways to affordable housing. Given the centrality of informal arrangements to residents' housing in Black and Latinx neighborhoods, the challenge for policymakers is to find ways to channel funding and tailor policy protections to support the arrangements that make housing in these neighborhoods and across the city possible.

Continual investment in programs like ERA and long-term housing solutions has clear benefits. One of the first insights that this report can offer on housing in Chicago

is just how important housing security is for the wellbeing and safety of residents. Housing was a major source of financial difficulty and anxiety for interviewees in this project, drawing tensions between seeking out work opportunities to stay on top of bills, staying home to avoid COVID-19 infection, and keeping some kind of peace of mind. For these reasons, a primary shift in the policy framework toward fostering housing security before it reaches crisis proportions rather than focusing on mitigating the costs of a housing crisis by refunding landlords for lost rental payments will be critical for a more equitable future. Indeed, much of the reliance of formal requirements for eligibility under legal protections and relief payments stems from approaching housing policy through the lenses of crisis response and fraud detection rather than through a community building perspective. At bare minimum, the recommendation in this report is to institute standing policies that maintain relief programs like ERA and can slow eviction processes in general, distinct from public health crises like COVID-19. Interviews with residents suggest that stronger public commitment to stable housing from the outset would have allowed Chicago to flatten its COVID-19 curve even more effectively by allowing more people to stay safe at home.

The design of such programs could also be improved to eliminate barriers presented by formal documentation and application requirements by funding community partners with roots in neighborhoods to administer these funds. Rather than relying on government agencies to assess applications and protect against fraud through bureaucratic requirements, community partners would develop their own mechanisms for certifying the proper dispersal of funds in their areas. Government agencies rely on bureaucratic requirements in large part because they do not have substantial information about housing in neighborhoods. Organizations like tenants' unions have access to a broader array of different kinds of information about housing status in a particular neighborhood, like which buildings have changed ownership or what businesses have laid off workers or cut hours, allowing them to distribute payments without relying exclusively on formal documentations of tenancy or employment histories to measure the need for assistance. Indeed, one approach such organizations might take is an entitlement grant that provides rapid emergency relief to cover one month of rent with little documentation. Instead of

formal documentation requirements, such organizations might make community-based workers responsible for certifying against potential fraudulent claims by completing short, guided interviews with recipients. Most of the barriers associated with existing programs arise because they are focused on stipulating that applicants have in fact experienced financial hardship due to COVID-19 and do in fact have rental arrears accruing. Yet, by directing funding only to those households who can clearly demonstrate their need for housing assistance or protections based on the hardships of COVID-19, a whole array of households who cannot fully document their needs or the hardships they have faced have not been assisted. It is our recommendation that community-based organizations with a strong record of housing justice administer public funds for housing assistance, relying on their localized knowledge and networks to direct payments without relying exclusively on formal documentation and formal housing arrangements to make this possible. In this way, equitable housing assistance should fund community organizations to disperse assistance based on their local expertise to prevent the continued exacerbation of racial disparities in housing.

FINANCIAL INSECURITY

In this section, we explain the markedly different financial experiences of Black, Latinx and white Chicagoans during 2020-2021. We begin by reviewing the federal policy implemented to provide financial relief to vulnerable Americans and argue that this relief was too meager and inconsistent, forcing lower-income Americans to return to work or go into debt. Further, as with rental assistance, unemployment assistance required applicants prove their eligibility via complicated bureaucratic processes that added to the financial burdens of lower-income Americans. As a result, we argue that financial relief more robustly favored businesses and middle-class Americans. We then turn to illustrating the ways in which longstanding racial wealth gaps and job-related inequalities contributed to financial insecurity for Black and Latinx workers during the pandemic. We end this section by considering the long-term negative impacts financial insecurity may have for Black and Latinx Chicagoans. Overall, we find that historic inequalities in intergenerational wealth and meager social assistance combined to force lower-income Americans to continue to work in what were deemed essential, in-person service jobs during the pandemic, exposing themselves and their families to risk of infection. Middle-class Americans were generally much more likely to be able to work from home, protected from higher-risk work, and, in fact, increased their own safety and health by relying on the “essential” labor of others.

Federal Financial Relief Policies

The federal government enacted an array of policies aimed at alleviating financial stress during the COVID-19 pandemic, including: (1) Families First Coronavirus Response Act (FFCRA), (2) Coronavirus Aid, Relief, and Economic Security (CARES) Act, (3) Consolidated Appropriations Act of 2021 (CAA), and (4) American Rescue Plan Act of 2021 (ARPA). We briefly examine each of these policies and then highlight their shortcomings in addressing financial distress among Black and Latinx low-wage workers.

The FFCRA was signed into law on March 18, 2020. The FFCRA extended and expanded nutrition assistance, created emergency paid leave for full-time workers at companies under 500 employees, and created tax credits for employers to compensate for emergency paid leave provided to workers. The FFCRA was a limited, stopgap piece of legislation that provided immediate relief to businesses and a limited group of workers while legislators worked on passing the CARES act.

The CARES was signed into law on March 27, 2020. The CARES Act enacted the following: extended unemployment benefits to a wider range of workers and increased the amount of money provided by \$600 per week; provided direct stimulus payments of \$1,200 per adult and \$500 per child to individuals making up to \$75,000; created an eviction moratorium for homeowners and renters; and created a \$349 billion paycheck protection program (PPP) that provided businesses with quick, federally facilitated fee-free, government subsidized loans. In all, the CARES Act provided some financial relief to workers in the form of \$1,200 direct stimulus checks and greater unemployment benefits. However, 49 percent of the CARES Act financial relief went to businesses, while only 27 percent went to households.⁸⁵ Further, while PPP loans to businesses were allocated within 5-7 business days, unemployment was distributed by individual state governments, with many states experiencing widespread backlogs and delays in processing or rejecting claims.⁸⁶ Further, for the most part, unemployment benefits were issued via state employment services, which require that applicants are unemployed “through no fault of their own” and are “actively seeking work.”⁸⁷ In other words, accessing unemployment required most applicants prove their eligibility and productiveness in the labor market.

The CAA was signed into law on Dec 27, 2020. The CAA provided another direct stimulus payment of \$600 to individuals making up to \$75,000 per year, with an additional \$600 for each dependent under the age of 16. The CAA provided more PPP loans and \$25 billion in emergency rental assistance, but it reduced the amount of extended unemployment benefits from \$600 to \$300 and did not address the distribution problems at the state level. Furthermore, as we have already noted, because emergency rental assistance was distributed via individual state governments—each with their own stringent requirements—accessing these funds were difficult for the most vulnerable, who faced bureaucratic obstacles to meeting

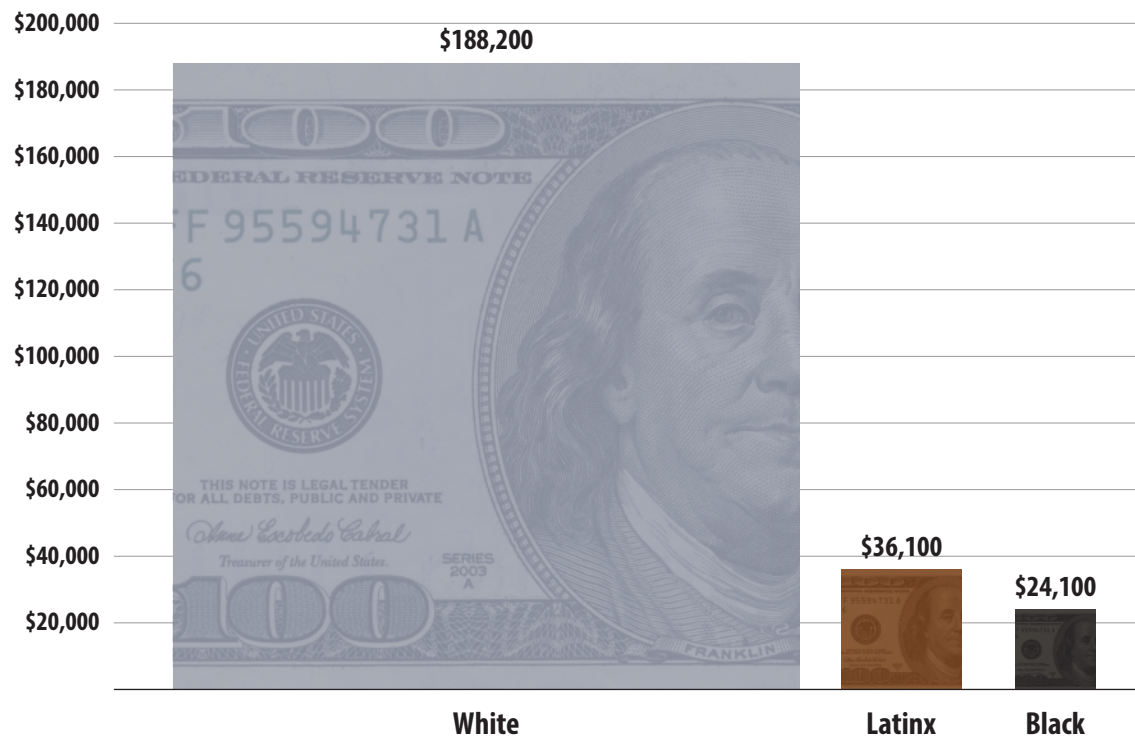
eligibility requirements. In December 2020, the federal government allocated \$46.6 billion to tenants behind on rent, but by August 31, 2021, only \$7.7 billion had been distributed. The Treasury Department planned to begin taking back grants from groups who had not spent 30 percent of their allocated funds by September 30, 2021.⁸⁸

ARPA was signed into law on March 11, 2021. ARPA provided direct stimulus payments of \$1,400, with an additional \$1,400 per dependent, to individuals making up to \$75,000 per year,⁸⁹ extended the duration of the \$300 unemployment benefits per week until September 2021 and provided another \$21.55 billion in emergency rental assistance.

As we heard in our interviews with residents, the financial relief in the form of stimulus payments and extended unemployment benefits was an important stopgap for some families. At the same time, Chicago residents expressed that the financial relief offered through COVID-19 legislation was ultimately ineffective in addressing the deep and worsening financial hardships that Black and Latinx workers found themselves in as a result of the pandemic. In part, this was due to the complicated bureaucratic requirements of unemployment systems that required that applicants prove their eligibility based largely on norms established in the economic landscape prior to the pandemic. In addition, the lack of more robust financial support pushed many lower-income workers to take on jobs that put them and their families at higher risk of contracting COVID-19. Other lower-income workers faced unemployment during the pandemic and others quit their jobs to decrease their exposure to COVID-19. Many lower-income Chicagoans accrued substantial debt.

Most importantly, with the important exception of the expansion of the Child Tax Credit, we argue that COVID-19 financial relief legislation generally favored and prioritized business profits and middle-class Americans over the health and financial security of working-class and lower-income Americans. The lack of more expansive financial relief was highly consequential for Black and Latinx lower-income Americans, as they generally did not have existing financial safety nets to weather unemployment or financial insecurity. In the next section, we discuss how pre-existing inequities in wealth and liquid assets led to vast disparities in financial stability for Black, Latinx, and white Chicagoans during the pandemic.

MEDIAN HOUSEHOLD WEALTH IN THE U.S. BY RACE, 2019



Source: Federal Reserve Board, 2019 Survey of Consumer Finances

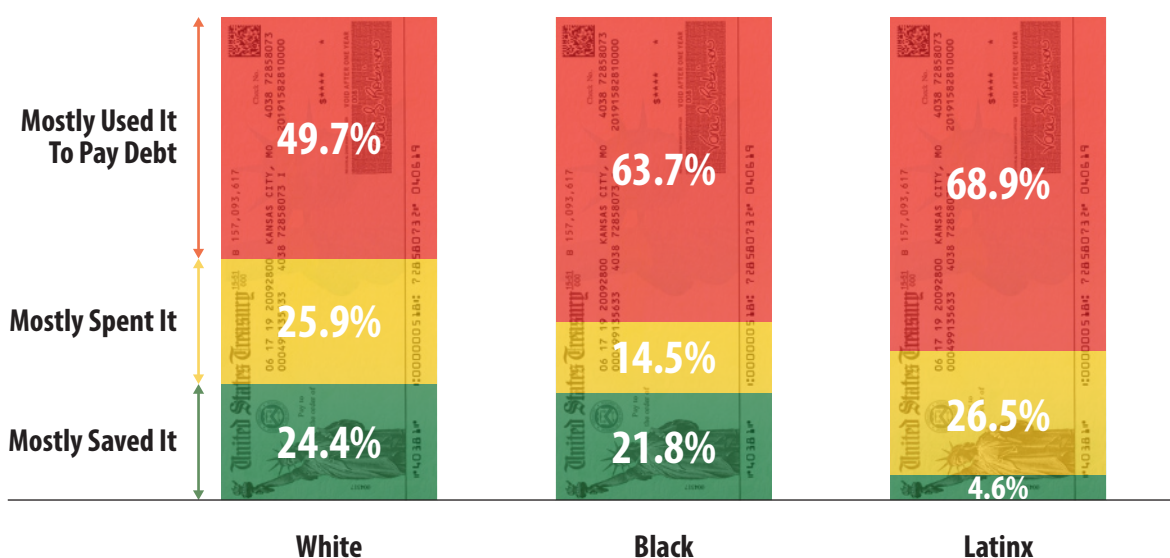
Financial Vulnerability during the Pandemic

Household income is an important way to measure the resources that a family has to pay for necessary things like housing, clothing, healthcare, food, or childcare as well as for non-essential but desirable expenses such as afterschool activities for children or travel. Wealth is a critical indicator of a family's financial stability and therefore of its capacity to be able to weather difficult times.⁹⁰ Wealth, as defined by sociologists Thomas Shapiro and Melvin Oliver, is "the total extent, at a given moment, of an individual's accumulated assets and access to resources, and it refers to the net value of assets (e.g., ownership of stocks, money in the bank, real estate, business ownership, etc.) less debt held at one time."⁹¹ Because of historical and contemporary racial discrimination and public policy decisions, the racial wealth gap in the U.S. is large and continues to grow. Data from the 2019 Survey of Consumer Finances (SCF) shows large racial disparities in median family wealth. White families' median

wealth (\$188,200) is many times higher than Black (\$24,100) and Latinx (\$36,100) families' wealth.⁹² In practical terms, the vast disparity in wealth between Black, Latinx, and white families means that, on average, white families have substantially more resources to be able to make it through financial difficulties and times of crisis like the current pandemic. This is starkly apparent in the amount of financial assets readily available and easily withdrawable in checking or savings accounts, which is referred to as liquid assets.⁹³

Racial disparities in wealth in the city of Chicago mirror those at the national level. A 2017 Prosperity Now report conducted by its Racial Wealth Divide Initiative documented racial disparities in median household income and liquid assets by race.⁹⁴ The report documented that 71 percent of Latinx families and 67 percent of Black families live in liquid asset poverty, compared to 28 percent of white families in Chicago. Furthermore, a recent report found that 60 percent of Black households and 72 percent of Latinx households in Chicago reported having serious financial problems during the pandemic, compared to 36 percent of white households.⁹⁵ Families with wealth have material benefits and advantages generally, but wealth and liquid assets are especially important during a pandemic because families without a financial reserve have far fewer choices in responding to crisis.⁹⁶ Both the

PANDEMIC SNAPSHOT: HOW CHICAGO METRO HOUSEHOLDS SPENT THEIR SECOND STIMULUS PAYMENT



Source: U.S. Census Household Pulse Survey Week 24 (Feb 3 - 15, 2021)

material benefits and advantages of having wealth as well as the disadvantages and challenges of living paycheck to paycheck with little savings were visible in our interviews. Here, we highlight two interviewees whose experience mirrors broader trends in our data: many white residents had access to liquid assets and the financial safety net of wealth to draw on throughout the pandemic, and many Black and Latinx respondents did not.

The first respondent we highlight is a married 33-year-old white father of two from Albany Park who works in video production and event services. Like many interviewees, he expressed concern about taking on work that would put his family in danger. Unlike most of the Black and Latinx respondents with whom we spoke, however, he could turn down dangerous jobs because he had assets to cushion his family from financial hardship. He explains: *“I’ve definitely had to turn some work down because I don’t feel safe about it. Right now, living on—not working, but savings has also had a very large component on being able to survive. Thankfully, I’ve had that to fall back on a little bit, but it’s not going to be sustainable forever”* (11/9/20). He thought *“it would be probably six to eight months that we could ride it out.”* Although 6-8 months may not seem extensive, it is far beyond the typical scope of most U.S. families, many of whom live paycheck to paycheck. A recent survey found that only 39 percent of Americans can afford a \$1,000 emergency expense.⁹⁷ The experience of this Albany Park resident illustrates how long-standing racial wealth gaps translated into the ability of many white families to avoid exposure to COVID-19 while remaining financially stable.

On the other end of the spectrum is a 29-year-old Latinx mother of three living in Little Village who worked as a dental assistant prior to the pandemic. She lost her job early in the pandemic and her husband became the primary caregiver of her family. Her husband, who is diabetic, was working at the time of our interview. Despite her husband’s job, they were struggling to make ends meet and were behind on a number of bills, including rent. She expressed concerns about her husband being exposed to COVID-19 through his work since he has a preexisting condition, though she recognized he needed to work to supplement her unemployment benefits. The stress and anxiety caused by the financial precarity her family was experiencing was palpable throughout our discussion. she said, *“it’s been really hard [and] we’re feeling this COVID situation”* (9/11/20). Their financial precarity meant that this respondent’s

husband did not have the option to turn down dangerous work situations because his family relied on his income, and they had no reserve to draw on to cushion them through the upheavals of the pandemic.

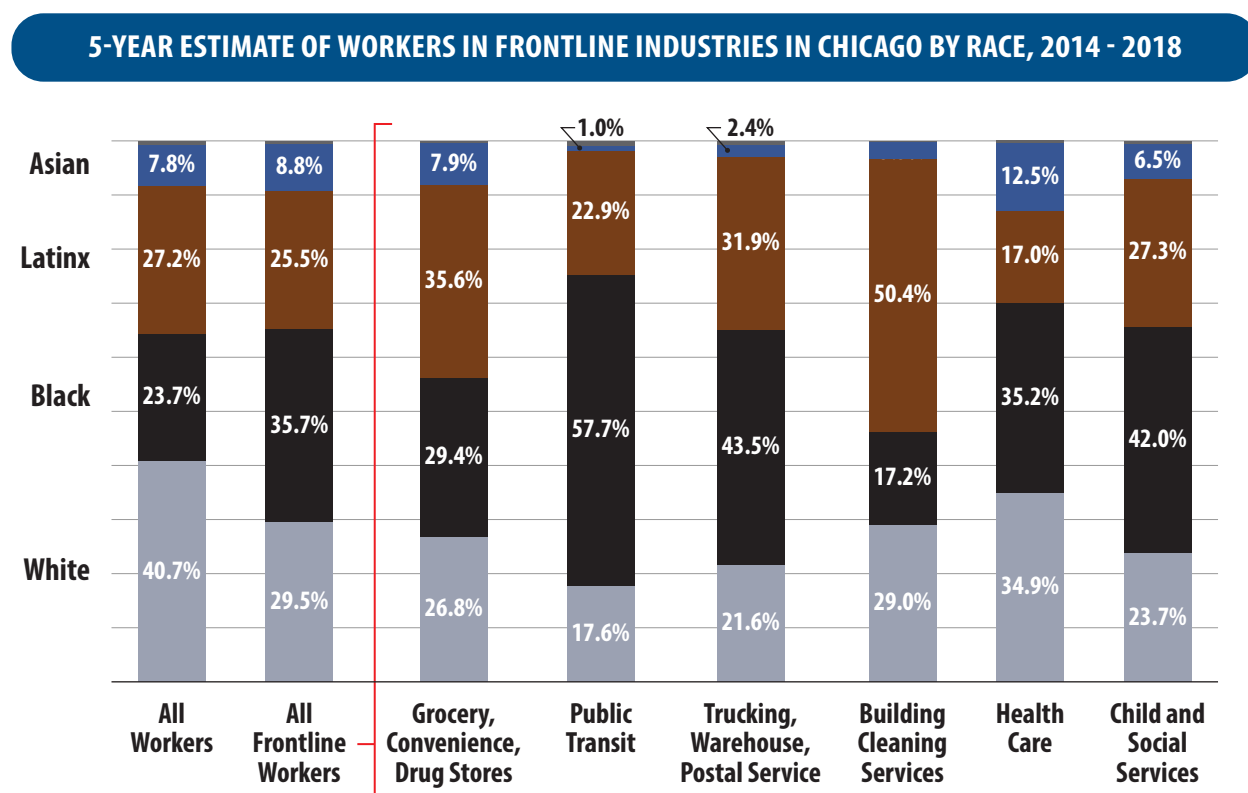
These contrasting portraits and the themes within them emerged regularly in interviews. They illustrate differences in how the COVID-19 pandemic impacted the financial stability of respondents along class and racial lines. Asset poor families who were disproportionately Black and Latinx experienced greater financial precarity during the pandemic and had far fewer degrees of freedom in deciding how to live through the pandemic. In the next section, we discuss job-related racial disparities. Specifically, we highlight two points: 1) how the ability of white, middle-class Americans to stay home during the pandemic was dependent on the “essential” labor of Black and Latinx workers employed in agriculture, meatpacking, shipping, delivery, and food industries and 2) how job losses were more consequential for Black and Latinx respondents because of their lack of wealth.

Job-Related Inequities

A pivotal dimension of the pandemic were racial inequities in the types of jobs, working conditions, and the degree of benefits (such as hazard pay, sick leave, and the ability to work from home) that workers had. For our respondents, along with differing levels of wealth, differences in employment were central to how people lived through and experienced the pandemic. Across the country, middle-class workers were generally able to work from home and maintain the security of full employment while also limiting their exposure to COVID-19. This relative safety was juxtaposed against the experience of working-class and liquid-asset poor people, predominantly Black and Latinx, who faced the increased risks that came with in-person, public-facing jobs that afforded fewer health precautions – less social distancing, and often a shortage of PPE – and greater job insecurity. Job-related racial inequities shaped the daily experiences and financial situations of our respondents.

Many of the Black and Latinx workers in our study who were classified as frontline, essential workers struggled to make ends meet and stay financially afloat during the pandemic. Despite largely working throughout the pandemic, many were not able to financially recover from setbacks caused by job disruptions and temporary job

losses early on in the pandemic. Black and Latinx workers we interviewed, especially women, were more likely than white workers to work in frontline essential jobs. Nationally, Black and Latinx workers make up 17 percent and 16.3 percent of the frontline essential workforce.⁹⁸ In Chicago, 35.7 percent of frontline workers were Black while 25.5 percent of frontline essential workers were Latinx.



Source: Center for Economic and Policy Research analysis of American Community Survey, 2018 5-Year Sample

In one example, a Latinx respondent from Albany Park talked to us about his work at a catering company. He was laid off from his job for a brief period at the start of the pandemic which he described as a “difficult time” (8/14/20). However, because he has asthma, he said he “*was glad that things were closed because I don’t have to be forced to work and then risk myself*” (8/14/20). However, once his job re-opened, he returned to work despite his concerns for his health because he had no other financial safety net to support himself.

We interviewed a Black woman from Austin who had worked at Walmart for years who explained that, toward the beginning of the pandemic, two Walmart

workers in the store she worked at died of COVID-19. Though it was on the news, the corporation tried to keep it “hush hush.” This woman had worked alongside the workers who contracted the coronavirus, but Walmart did not offer paid leave for quarantine.

I interacted with these people’s that had it. They didn’t even tell us. Oh, they said, ‘You can do quarantine, but you won’t get paid.’ I’m like, ‘But you all know these people was [sick]!’ I went overboard. I called a lawyer. He said, ‘Yeah. They have to pay you all for doin’ those 14 days because they notified you all too late, first of all.’ Yeah. That took a toll on me ‘cause psychologically, because I was really, really sad. I went into a depression mode. (10/31/21)

Another of our respondents was a Black man from Little Village who worked at a homeless shelter. Like many Black and Latinx respondents, he did not have savings before the pandemic. He did not make enough money to cover his debts and had foregone healthcare coverage to try to cope. He explained:

I can’t even afford healthcare right now. I tried to get it through my job, but I was like ‘I don’t have \$800 a month’, even with the company paying the little towards the \$800 they were paying. It still just wasn’t affordable for me. Because, you know, I have the other bills that I have to pay and [...] the bill collectors [...] they’re not patient like that. (11/24/20)

Without public policies that focus on debt relief, the current bills and accumulated debts of this respondent and many frontline workers like him left him no other option but to work throughout the pandemic. When asked about the impact of the stimulus checks, he said, *“the first one I was able to pay some bills, it would be the same with another one—in your hands and out your hands”* (11/24/20). In other words, the checks were important but made only small dents in his expenses and debt.

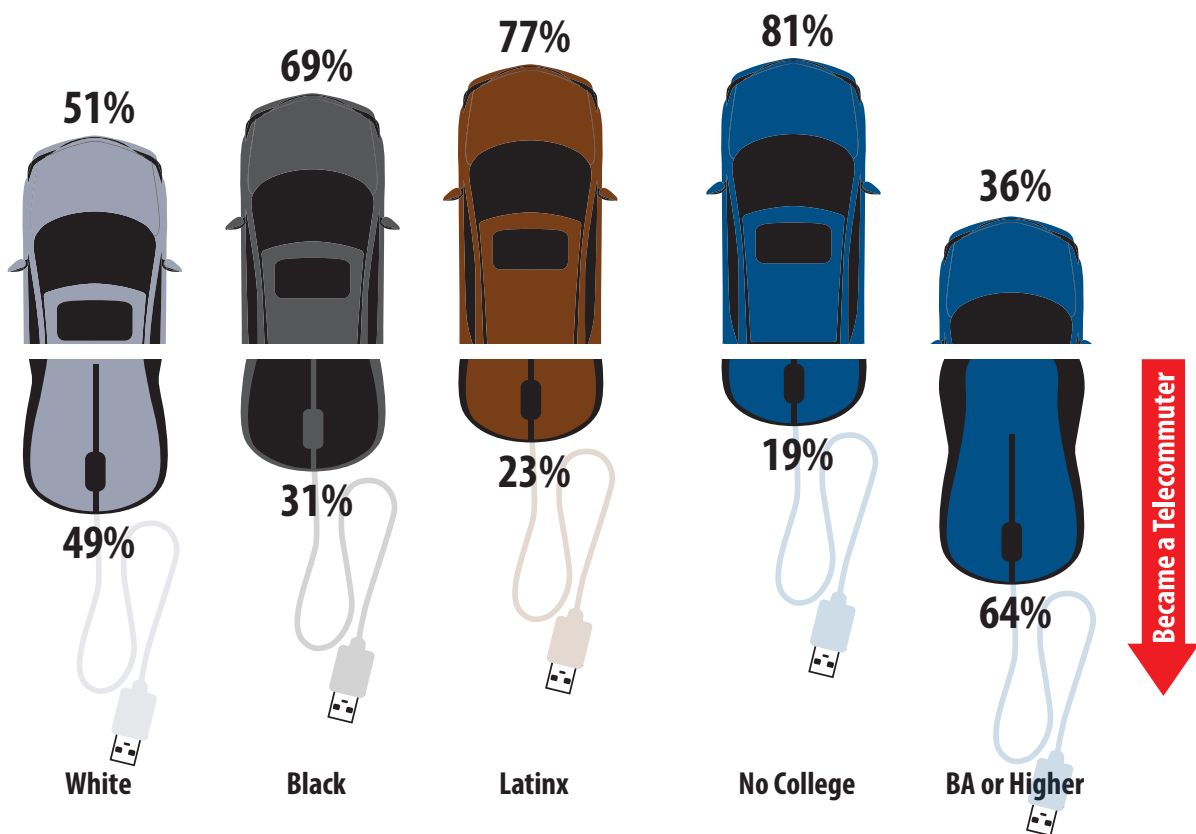
These stories are representative of many of the Black and Latinx respondents in our study. Despite working throughout the pandemic and risking their health and well-being, many fell further behind on bills and accrued greater debt during the COVID-19 pandemic. While the rhetoric of frontline workers as heroes acknowledged the critical role that they play in our society, the general lack of additional compensation and meager additional safety measures spoke louder. What would make a significant difference for Black and Latinx frontline essential workers in Chicago would be to have similar paid sick leave and other job-related benefits as

those offered to middle-class, predominantly white, workers. Similarly, lower-income workers needed a more robust and comprehensive social safety net than the limited support provided by the federal government.

White workers we spoke to, in contrast to Black and Latinx workers, were more likely to work from home during the pandemic, receive job-related benefits such as paid sick time, and live in financially stable situations. Their wealth, work-from-home situations, and steady income enabled them to shelter-in-place and shield themselves and their families from potential contagion without a disruption to their financial situation.

One example of this was a 56-year-old white woman from Albany Park who works as a teacher. In our interview, she explained the benefits of being able to work from home for the greater portion of the pandemic. While she struggled to

6 MONTH LOCKDOWN SNAPSHOT: CHICAGO METRO HOUSEHOLDS THAT SUBSTITUTED TELEWORK FOR IN-PERSON WORK



Source: U.S. Census Household Pulse Survey Week 15 (September 16 - 28, 2020)

adapt to online teaching, she admits sheltering at home *“made me feel kind of safer, safer than I do now”* (10/9/20). Though she experienced a slight reduction in income during the pandemic, over the long term, her financial situation was stable. Another Albany Park resident, a 39-year-old white woman, who works as an engineer for the federal government, recounted that, although she has had to adjust her spending, her family has been financially stable throughout the pandemic. *“We’re meeting our needs, you know. Obviously, we can pay all of our bills, get food, get childcare taken care of, right? But like anything extra is just something we just can’t manage right now”* (10/19/20). While she talked about not being able to do anything extra, she was not stressed about meeting her families’ basic needs. A 52-year-old white woman from Albany Park who works as a litigator for the city of Chicago was another respondent whose wealth and job situation insulated her from the worst of the pandemic. She worked steadily in a hybrid work-from-home situation throughout the pandemic. When asked to reflect on her household’s experience of the pandemic, she talked about the differences in her experience and the experiences of some of her neighbors in Albany Park:

I think that people who have jobs in food service industries are terribly affected. People who have jobs in entertainment industries are terribly affected. People who are first responders, putting themselves at great risk. Four of us live in a house that’s almost 3,000 square feet. Our next-door neighbor’s probably have a house smaller than ours with three or four times as many people. There are a lot of immigrants that are in my neighborhood where six people are in a three- or four-bedroom. It’s much harder for them to isolate. It’s much harder for them to work from home. (10/15/20)

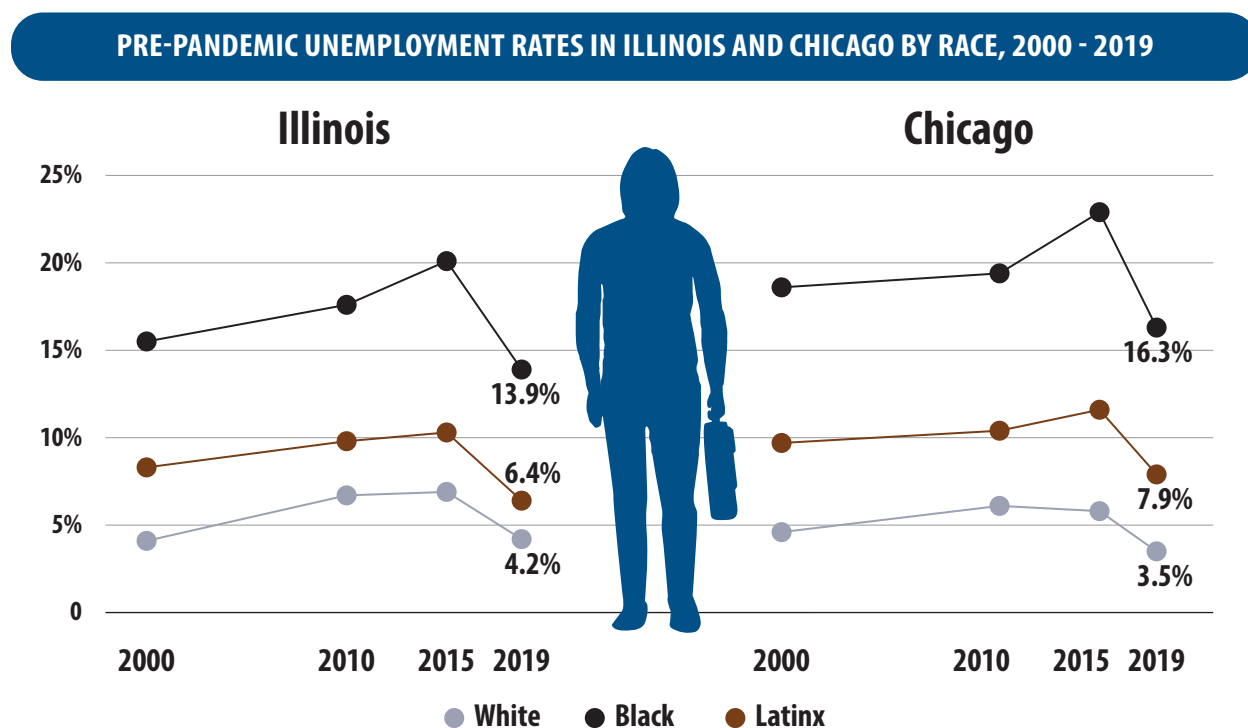
As she observed, the differences were not only in whether one could work from home but in the conditions at home. Many families living in crowded conditions had quite different consequences in a period when the ability to isolate could be a matter of life or death. Collectively, these more financially stable, white Albany Park respondents illustrate some of the ways in which middle-class Americans were protected from financial strain and COVID-19 exposures at work.

Here, we have highlighted the race and class divergences in working experiences during the pandemic. Many Black and Latinx frontline essential workers experienced worsening financial situations during the pandemic because they lacked financial

security and social support from their employers and the government. Pandemic-related shutdowns often worsened frontline workers' existing financial precarity and their lack of any financial safety net meant they had no choice but to work through the pandemic. Moreover, it was often the labor of these essential workers in restaurants, agricultural and meatpacking industries, and shipping and delivery, that enabled middle-class people to stay home.

COVID-19 Job Losses, and Financial Burdens

Black and Latinx workers were both more likely to experience unemployment during the pandemic, and they were less financially stable before the pandemic and therefore had a harder time responding to the economic volatility the pandemic introduced. In contrast, white workers experienced the lowest rates of unemployment during the pandemic and were in better financial positions to weather job interruptions or losses due to their greater liquid assets and accumulated wealth. In what follows, we examine how these differences in pre-pandemic financial reserves made the experience of job loss dramatically different.



Source: IPUMS USA, American Community Survey, 2019 5-Year Sample

Black and Latinx workers faced much higher unemployment rates before the pandemic and, throughout the pandemic, Black and Latinx workers have experienced the nation's highest rates of unemployment. Nationally, the Black unemployment rate reached its peak of 16.7 percent in April and May 2020, and the Latinx unemployment rate reached its highest point of 18.9 percent in April 2020. Across the pandemic, Illinoisans suffered higher job losses than the national average during the pandemic, and Black and Latinx residents suffered the most job losses within the state of Illinois.⁹⁹ The five zip codes in Chicago with the highest unemployment claims were majority-Black communities, and many workers of color reported difficulties accessing unemployment benefits.¹⁰⁰

The disproportionate impact of job losses on Black and Latinx workers was evident in the interviews we did for the study. One example was a 24-year-old Black man from Austin who worked as a security guard and musician but lost both his jobs at the start of the pandemic. Having lost his regular employment, he was able to cobble together approximately \$150 a week with music gigs. At the time of our interview in October 2020, he was two months behind on rent and the \$150 per week was not enough to cover his expenses. He explained, *"at the end of the month, I'm looking at maybe \$600, \$700 dollars and that's barely, not even enough, to cover my rent, so you know, I'm trying to make it"* (10/13/20). Although he had lost his job near the start of the pandemic, months later he had yet to receive unemployment benefits from the government: *"I tried to file unemployment. I'm having problems with that. That's been a long process when it comes down to Illinois"* (10/13/20).

Another example was a 53-year-old undocumented Latinx man who worked as a waiter in Little Village, but he lost his job at the start of the pandemic and could not find another one. In this case, he could not access unemployment because of his undocumented status. His savings of \$2,000 only lasted two months and he was four months behind on rent at the time we interviewed him in March of 2021. *"I was paying everything but the rent. The unemployment made me miss four months of rent. And by the time I paid it, I owed a lot of money. I paid one month. He [the landlord] said, 'you already owe four months'"* (3/30/21).

These stories are representative of the experiences of many Black and Latinx respondents in our study who experienced job loss because of the COVID-19 pandemic. Because they had no financial safety net before the pandemic, the income

disruptions that came along with job loss and the bureaucratic obstacles in accessing pandemic relief had immediate, significant financial consequences.

In contrast, while some of the white workers we spoke to also lost jobs, most did not face catastrophic consequences. They had access to either personal financial safety nets from their individual savings (wealth) or they were embedded in extended family networks that provided a financial safety net. The example of a 24-year-old non-binary respondent from Albany Park who worked in theatre before the pandemic and became unemployed when their workplace shut down is illustrative. Despite losing their job, they received steady financial assistance from their parents throughout the pandemic. During the pandemic, their parents bought them a car, paid for their health insurance, and provided them \$200 a month. As they noted of their parent's resources, *"It is sort of the only reason that I have been able to spend this past year still unemployed"* (2/11/21). This person's connection to financial assets from their family network filled in the gaps left behind by an inadequate social safety net.

Another white 37-year-old respondent from Albany Park who worked as a teacher before becoming unemployed, reported that their savings were critical in supplementing unemployment and being able to make it through the first year of the pandemic. They explained:

I'm always trying to save as much as I can. I've been able to float by on that, which is probably – I don't know – if I didn't have that, I have no idea what I would do because I'm just watching the bank account, the numbers go down every month. If I didn't have that, even with the unemployment that I get, I don't know – I couldn't pay the bills or anything like that. (10/13/20)

As this respondent makes evident, the amount of unemployment provided by the government, even with extended benefits, was not sufficient for many to pay the bills.

A 30-year-old white resident from Albany Park who worked in an afterschool youth program prior to the pandemic also reported having to go on unemployment. She similarly talked about using her savings and calling upon family to make up the difference between her unemployment income and expenses. As she said, *"I did get unemployment, but it's very little. It's not livable unemployment. I get like \$400 a month or so. This is bleeding my savings. That's scary"* (2/23/21). She received lifesaving financial support from her family, whom she describes as upper-middle-class. *"Once*

COVID-19 hit, my family, I would say total this year has given me... I don't know... a little over \$5,000. That has helped me be okay." In this situation, intergenerational extended family wealth protected her from greater financial insecurity.

Although many Black, Latinx, and white workers faced similarly difficult choices about whether it was safe to work or may have lost a job and become unemployed, having savings or access to financial resources made a tremendous difference to their financial stability, personal health, and overall wellbeing.

Policy Recommendations

While Black and Latinx respondents reported dire financial situations, many white respondents spoke of financial disruptions as difficult, but as temporary and short-lived. Access to wealth was an important buffer from major financial loss. Government support during the pandemic was not enough to ease the financial precarity of already vulnerable Americans, causing them to make difficult choices between paying for housing, food, transportation, or childcare and going further into debt. This worsened existing racial inequities in Chicago and throughout the U.S.

Overall, our findings illustrate how job inequities and intergenerational racial wealth gaps have played instrumental roles in shaping the experiences of Black, Latinx and white respondents and their families during the COVID-19 pandemic. Ongoing and often worsening financial precarity among low-wage workers gave them little choice but to keep working or face dire circumstances at home. Black and Latinx lower-income families have struggled due to their lower wages and fewer benefits, precarious employment that often meant decreased hours or lost work, and their inability to rely on extended family wealth. The stimulus checks and extended unemployment benefits that came along with the CARES act and ARPA were not enough to keep many of the residents that received them from facing financial insecurity. These families would have benefitted considerably from more robust financial relief from the government. Furthermore, many families were unable to access unemployment relief because they had informal employment, or their immigration status made it difficult for them to apply for these benefits. The result was that the Latinx and Black residents that we interviewed worked through the pandemic, putting themselves and their families at risk, but nonetheless fell further into debt.

Given the precarious character of working-class jobs and the racial wealth gaps that exist in the U.S., public policies such as mandated paid family leave, universal basic income, free tuition for community college, and student debt forgiveness would be important financial support systems for U.S. households like the Black and Latinx families that we interviewed for this report. Chicago has set aside funds in the budget for 2022 to pilot a universal basic income program for a projected 5,000 Chicago families. While a good start, this new policy still does not go far enough in addressing the level of financial precarity that our most vulnerable communities faced even before the pandemic, let alone in addressing the deepening inequities that COVID-19 has and will leave in its wake.

Limitations in the Social Safety Net

Long before the Covid-19 pandemic shuttered much of the US economy, countless Chicagoans were living on the edge. The regional job market has been transformed in recent decades through a series of recessions and recoveries that saw massive employment losses in manufacturing and the rise of a sprawling, low-wage service sector. Reliance on poorly paid service jobs has deepened, and many workers depend on gig work and other “side hustles” to supplement their earnings. Others haven’t been able to secure a steady job, so side hustles have become their main source of income.

In January 2020, the month in which the first Covid infections were identified in Chicago, the metropolitan area unemployment rate was just 3.8 percent, having fallen from more than 12 percent over the course of a decade. However, this impressive statistic masks a second trend: persistently high unemployment among African Americans. Illinois has consistently had one of the highest African American unemployment rates in the nation,¹⁰¹ and the Chicago metropolitan area is one of the most unequal in terms of Black-white rates of unemployment.¹⁰² After seven years of sustained recovery following the Great Recession, Black unemployment in the Chicago area had declined by less than one half of 1 percent, to a staggering 17.2 percent.¹⁰³ Well before Covid-19 infections upended the local economy, it was no exaggeration to say that many African American neighborhoods had been in the grips of an unemployment crisis for decades.

Stubbornly high unemployment rates, especially in South Side and West Side communities, have pushed many Chicagoans into the informal economy. Living in neighborhoods that have been hollowed out by deindustrialization, inadequate investment, and economic development programs delivering too few jobs and business opportunities, many residents have resorted to working “off the books” in order to make ends meet. Working as street vendors, babysitters, auto mechanics, movers, and range of other occupations, growing numbers of African Americans who are unable to find regular, permanent jobs are relying on the city’s burgeoning survival economies for their livelihoods.¹⁰⁴

In high-unemployment neighborhoods, food, clothing, household items, cigarettes, movies and compact discs, and an array of services can be procured right

on the sidewalk, and at prices well below those found in commercial businesses. These informal markets are often mischaracterized, seen as existing outside the regular, formal economy. But in South Side and West Side neighborhoods, the informal economy is tightly woven into the fabric of the community, and it is through the growing informal workforce that the demand for low-cost goods and services is met. In areas struggling with high unemployment and concentrated poverty, the informal economy both provides work and helps meet consumer demand.

Many of those working in Chicago's survival economies face exclusions from jobs in the mainstream labor market. Some jobseekers' employment histories are scarred by spells of long-term unemployment, patterns of sporadic employment, and the mark of a felony record. Some are coping with significant health problems or have disabilities that impact their employability. Still others have caring responsibilities inside and outside the home, so they turn to informal work to make ends meet.

The pandemic exacerbated these trends, causing unemployment to soar even higher and testing the capacity of Chicago's informal economy to support existing participants along with those newly out of work. The numbers of participants – both as buyers of low-cost goods and as sellers – has swelled as households endured the repeated financial blows of an economy on lockdown. Notably, the epicenters of Chicago's survival economies are the very same South Side and West Side neighborhoods that witnessed escalating deaths from Covid-19. Vulnerabilities rooted in societal factors, such as poverty, segregation, and discrimination, are closely tied to risk exposure, and together “existing structural vulnerability and health risks [have produced] the current racial inequality in the COVID-19 outcomes” within the city.¹⁰⁵ These factors also strongly contribute to the likelihood that the long-term unemployed will have to subsist through informal economic activities.

Despite the evident dangers of engaging in informal work during a pandemic, activity in Chicago's survival economies increased even as infections and deaths spiked. Faced with the impossible choice of continuing to work and risking exposure to a deadly virus or suffering a total loss of income, many reluctantly chose the latter. As with other financial decisions, the need to participate in the informal economy or to avoid it altogether is closely linked to socioeconomic status. This is why, even after the coronavirus pandemic subsides, Chicago's survival economies will endure. And it is why a critical question will remain: what will be done to expand economic opportunities and ease the burdens carried by residents of Chicago's lowest-income neighborhoods?

CHILDCARE AND SCHOOLING CONSTRAINTS

Lower-income families faced tremendous strain over the course of 2020-2021 to survive financially. This financial strain affected many people in the country, but it was particularly acute for families with children and especially for Black and Latinx families with children. Drawing on data from the beginning of the COVID-19 pandemic (March and April 2020), one study found that 4 in 10 parents in the U.S. living with children younger than 19 lost jobs, work hours, or work-related income. Five in 10 Black parents and 6 in 10 Latinx parents reported these losses.¹⁰⁶ In addition to the high number of Black and Latinx parents with children that lost income, local and national data show that Black and Latinx mothers had higher rates of childcare disruptions during the COVID-19 pandemic.¹⁰⁷

PARENTS WITH CHILDREN AT HOME WHO LOST WORK, WORK HOURS, OR WORK RELATED INCOME IN THE UNITED STATES, MARCH & APRIL 2020



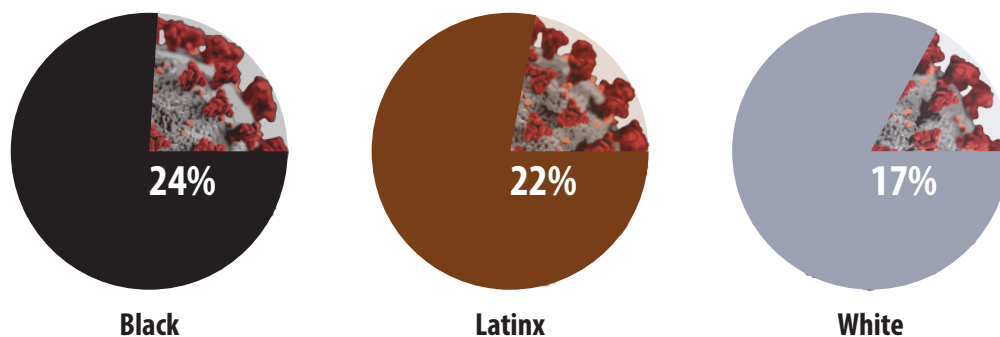
Source: Urban Institute March/April 2020 Health Reform Monitoring Survey

Paid family leave has been an important topic of debate in policy proposals in Washington, D.C. Although the discussion has largely centered on whether the federal government will pass a paid family leave policy of 12 weeks, 4 weeks, or none at all, little has been said about how the lack of paid family leave disproportionately affects Black and Latinx families. As a recent analysis of that data by the Hispanic Research Center shows, almost 50 percent of Latinx and Black households reported having to leave a job or cut work hours due to pandemic-related childcare disruptions, and only 17 percent of Latinx and 14 percent of Black households were able to use paid leave as compared to 30 percent of white households.¹⁰⁸

Childcare was a major source of stress during the pandemic for the people we interviewed, especially for Black and Latinx respondents. Middle-class parents had more flexible jobs that allowed them to work from home and take care of their kids simultaneously. Many Latinx and Black parents were considered frontline essential workers, which meant that they were forced to juggle childcare among extended family members or quit their jobs altogether to care for children. In some cases, respondents told us that they were forced to leave kids at home with no supervision or in the care of other children in order to work because of their jobs as essential workers.

For example, one Latinx woman from Little Village we interviewed quit her job as a dental assistant because she needed to stay home with her children and she

**PANDEMIC SNAPSHOT: PERCENT OF U.S. HOUSEHOLDS REPORTING
COVID-19 RELATED CHILDCARE DISRUPTIONS**



Source: National Research Center on Hispanic Children & Families
Data: U.S. Census Household Pulse Survey, April 14 – June 7, 2021

wanted to protect her husband, who has asthma and diabetes (9/11/20). Their family struggled to survive with reduced income. They relied upon food banks each week, and at the time of the interview, they had fallen months behind on rent and utilities.

Similarly, a Black woman we interviewed from Little Village explained how she accepted the financial strain of not working because she was so concerned with keeping her kids home and safe:

I can't get no job right now [...]. I'm actually scared to work right now because my baby [is] so little. She was like a month when [COVID] first started [...]. I'm just really like cautious. You just doesn't know who have it ... So yeah it has affected me financially. (10/23/20)

Childcare barriers forced many respondents in our sample to lose work or reduce their hours. For others, their concerns about exposure kept them from working. These financial strains were difficult to bear and caused many to descend into further precarity.

In another instance, a Black man from Austin explained that he had to search for childcare support for his son so that he could continue to work, and he worried about finding care that was safe. He explained:

My first fear when I found out about [COVID] is babysitting. I have to get somebody to watch [my son] 'cause he cannot stay in the house by himself. I have to get somebody who's responsible, put him some[where] safe where nobody be comin' in and outta the house and stuff like that [...]. It changed my work schedule, as well, though 'cause I had to make sure he was in a safe place all the time. [...] It was basically somebody that I knew. It wasn't no paid person. (11/6/20)

Many people we interviewed could not afford childcare and could not afford *not* to work. Like this respondent, they had to find trustworthy people who could watch their children for free. Very often, when we spoke to elderly respondents, they were watching their grandchildren during the day because the parents had no other source of childcare support.

In addition to the challenge that frontline essential workers faced of finding childcare at home while they were at work, school closures meant that families needed to juggle school support for their children as well as their respective work

responsibilities. All of the families we spoke to described the school closures as a highly stressful event. Not surprisingly, the resources that parents and caretakers had in pivoting to support their children with schooling needs differed greatly along racial and class lines.

In general, the white parents we spoke to had far more resources than Black and Latinx families to supplement e-learning. One white family, for example, hired a college student to help their children navigate classes. In another family with small children, one of the parents took off a week of work to teach their children how to use the computer to navigate their lessons. A white mother with an adopted 12-year-old noted that she was pleased with the remote learning options for her daughter, stating:

She's lucky. She's at a selective enrollment school. And her school actually has like from bell to bell as if she was in the classroom. And they have live classes. Yeah so they have one-hour blocks, and each class is 40 minutes live and then 20 minutes asynchronous. Yeah. So, it's good. It's good. (Albany Park resident, 10/9/20)

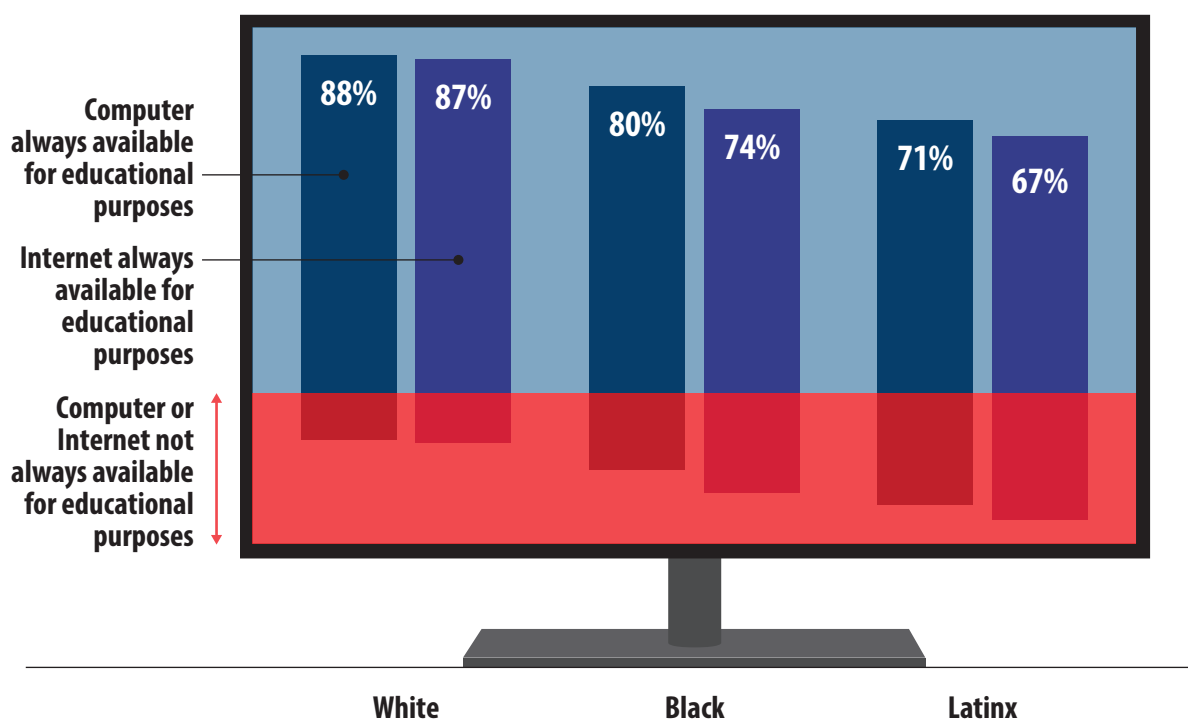
On the flip side, while none of the white families mentioned lacking computers or having unstable internet connections that made e-learning difficult, Black and Latinx families repeatedly noted that their households had significant technical challenges with e-learning. As a 55-year-old Black parent from Austin with three children described it, *"Sometime we have a lotta difficult technical problems with the online. It was backed up. It was stuck. We couldn't get the password. I was runnin' back and forth up to the school tryin' to get them to reset it. It was a real headache"* (11/6/20). Technological challenges such as these were particularly difficult to navigate for the elderly respondents responsible for caring for their grandchildren while parents worked.

Another challenge that Black and Latinx parents spoke about was that they were often living in multi-generational households and lacked the living space required for their children's e-learning. One older sister in a Latinx household who had to take on childcare duties in addition to their schooling described that it was difficult to concentrate on her schoolwork because the room she shared with one sibling had been set aside for the sister to attend school and the dining room table where she worked was in a busy and very noisy part of the apartment.

The additional cost in resources of having their children at home and in time spent to attend to their needs was something that some of the Black and Latinx parents also commented on. As a Latinx mom from Little Village with a 4-, 11-, and 15-year-old in the house stated, *“It’s expensive to have kids at home full time, especially because they’re always hungry, you know, want to be eating [all] the time”* (11/17/20). Having caretakers in the home with kids for the hours that they would have been at school meant having to buy more household supplies, such as food and toilet paper, and spending more money on electricity to keep computers, lights, and the temperature working for all. These additional material costs further stressed the already tight budgets of Black and Latinx families across the city.

An important difficulty that many Black, Latinx, and white respondents raised was the educational, emotional, and mental health toll that e-learning was taking on their children and on them as parents. In one example, an Austin mother described how hard remote learning had been for her 7-year-old-son:

6 MONTH LOCKDOWN SNAPSHOT: CHICAGO METRO HOUSEHOLD DIGITAL ACCESS FOR EDUCATION

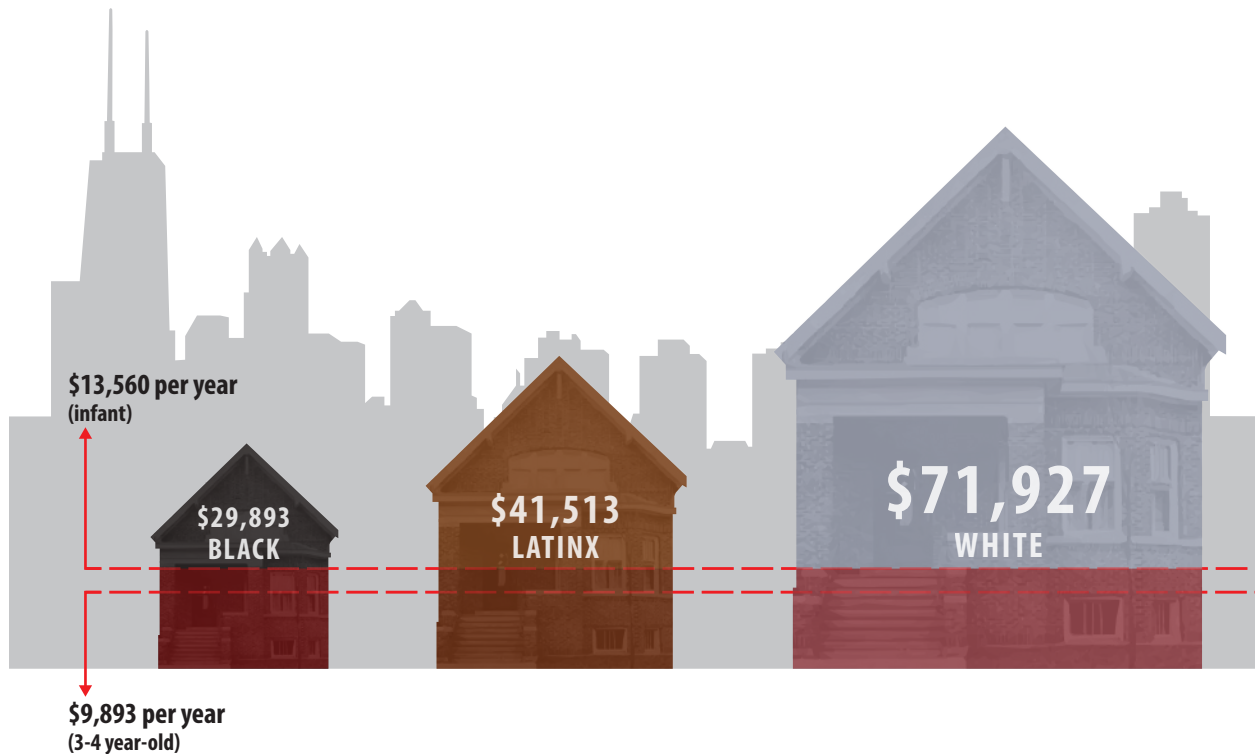


Source: U.S. Census Household Pulse Survey Week 15 (September 16 - 28, 2020)

This online schooling, you know, my son, my son, he stutter, So it's like, maybe like 10 kids that day on the on the computer. You know what, sometimes he don't say anything he keep quiet because he don't want to slur his words, or it takes him a long time to get a word out once. So, he gets shy, and he don't want to participate. (12/2/20)

In sum, finding affordable and safe childcare created tremendous burdens for the Black and Latinx residents in this study – many of whom fell further into debt as they tried to manage childcare expenses or lost work to care for children. Given the disproportionate lack of paid family leave and lower paid work that Black and Latinx families in Chicago and across the nation have, this was true even before the pandemic. Illinois Action for Children reported that, in 2017, the average licensed center for a 3 to 4-year-old cost \$9,893 annually, while a licensed center for infant care cost \$13,560.¹⁰⁹ For comparison, Chicago's median household income in 2017 was \$29,893 for Black families, \$41,513 for Latinx families, and \$71,927 for white families.

**AVERAGE ANNUAL COST FOR A LICENSED CHILDCARE CENTER COMPARED TO
5-YEAR ESTIMATE OF CHICAGO MEDIAN HOUSEHOLD INCOME BY RACE, 2013 - 2017**



Source: Illinois Action for Children, Report on Childcare in Cook County 2018; American Community Survey, 2017 5-Year Sample

Policy Suggestions

The pandemic revealed in new and dramatic ways the vast inequities across families and the major gaps in childcare infrastructure nationally. No family should be burdened with having to choose between either working to make ends meet or caring and providing schooling for their children. And yet, as the Black and Latinx families in our report show, and as the national data demonstrates, this impossible choice has been all too common for working families with significant consequences. The research is conclusive that differences in access to early childhood education have long-term impacts on educational achievement.¹¹⁰ As was true nationally, the families in our study struggled immensely to secure safe and affordable childcare. Families struggled not only with finding and paying for childcare, but also with how to support virtual schooling in a context of uneven access to stable internet, technology, adults to support learning and space to learn. In our interviews, respondents spoke repeatedly about the significant barriers they faced trying to make virtual schooling work. Collectively, the childcare and schooling crises during the pandemic have made it clear that we are lacking key supports for families and young people across the board and that some families and some young people are more likely to feel the consequences of these gaps. Paid family leave and free, quality pre-K programs would be invaluable to Black and Latinx working parents and should be a priority for policy makers working on addressing racial inequities related to childcare and schooling in Chicago. Similarly, support for public broadband internet, deeper investment in K-12 education and similar policies would attenuate the vast inequities that played out during the pandemic.

DAVID STOVALL: EXPERT COMMENTARY

COVID-19, Public Schooling, and the Continued Politics of Disposability in Chicago

In addition to health disparities, COVID-19 has shined a sharp light on broader dynamics of segregation, displacement, disinvestment, de-population and abandonment in our city. Many have lived daily with these realities long before COVID. However, with the pandemic, the consequences and increased fragility of late-stage capitalism has hit home. This forces city officials and administrators who have historically ignored these realities to grapple with a painful set of truths – some residents of the city of Chicago are viewed as valuable while others are reminded constantly of their expendability. I label this the politics of disposability.

In Chicago, public schooling has taught many Black and Brown residents about disposability with biting clarity. Before COVID, many students in Chicago Public Schools (CPS) were in buildings without air-conditioning, proper sanitation/maintenance services, the ability to open windows, or fully-functioning heating systems. Inside and outside of school buildings, basic infrastructure needed for full engagement in school have long been on short supply. For example, sixty percent of CPS students accessed the internet outside of school buildings *only through their cellphones*. Utilizing libraries for internet access before the pandemic was not a viable option as most libraries have time-limit restrictions for computer use ranging from forty-five minutes to an hour. Many of these students also lived in communities that do not have reliable access to the internet due to lack of telecommunications infrastructure. Further deepening the problem is the fact that some of these students also live in food deserts and health care deserts in communities with high unemployment rates, along with major shortages in access to basic city services in the form of sporadic garbage removal and/or street cleaning.

All of these things were true before the pandemic. The difference is that COVID has deeply intensified the consequences of ongoing disparities – those that had long been normalized by the state. In the early days of the pandemic, if you were a family that did not have reliable access to internet, computers, healthy food, or

personal protective equipment (PPE), accessing any form of schooling was intensely challenging. Many students were without reliable access to school or schoolwork for months on end. Some students had to disengage altogether as they became breadwinners for struggling families through the gig economy or participation in informal sectors of employment. Some students live in multi-generational households where parents and guardians are essential workers, often with senior-citizens who are the most vulnerable to COVID. Attendance in some classes dropped by fifty percent. While it may be hard for some to fathom, think about what it would mean to be in class on your phone for four to six hours a day with a shoddy internet connection. Despite the valiant efforts of caring teachers in these instances, the level of difficulty for many Black and Brown public school students to engage was extreme.

Despite the district's attempt to pivot and provide students with computers, tablets, meals and other forms of support, it was almost impossible to quickly fill long-standing structural concerns for Black and Brown families that are the most isolated and underserved along the lines of race, class, and geography. Where some efforts were thoughtful (i.e., keeping schools open to provide lunches throughout the lockdown portion of the pandemic), others were not well-planned. One particular example that stands out was the district's attempt to support hybrid classes in the Spring of 2021. At the time where students could choose to attend in person or remain remote, there was little infrastructure for teachers to livestream classes for their students. This created a deeply stressful moment for both students and teachers and it continues to concretize the idea that during times of crisis those who've historically had the least are often left with even less.

As we are *still* in the COVID moment; it is important to assess what the takeaway "lessons" are for us with regard to k-12 schools moving forward. It will not be learning loss (what students have missed in terms of being at or exceeding "grade level"). Academic performance that is regulated and decided upon by the state, largely in the form of test scores, has never been an accurate measure of learning, especially for those who have experienced isolation in schooling systems. Instead, the COVID health pandemic has showed us in new ways the deep connection between the cojoined pandemics of white supremacy and capitalism and the resulting politic of disposability that renders large swaths of Black and Brown students expendable. The current moment has intensified what many Black and Brown communities have

known for quite some time; however, the racial reckoning beginning in the Summer of 2020 has revealed a small window by which to rethink access to quality education. Hope lies in prioritizing the needs of those who have historically had the least, of ending the politics of disposability for good. Our educational pivot should include a commitment to addressing the consequences of decades of structural neglect and engaging young people with relevant curriculum that is directly connected to their lives. When this commitment is visible and embraced by students and their families, people are able to create and implement strategies aimed at shifting their condition, allowing people to move beyond survival mode and into viable and sustainable communities on their own terms.

LIMITATIONS IN THE SOCIAL SAFETY NET

Most major industrialized countries in the world have created wide ranging social welfare systems, recognizing that they serve a number of political and economic ends. In part, these policies acknowledge that poverty and financial precarity are not an individual's failings, but a product of long-standing structural inequities. In contrast, in the United States since at least the 1990s, social assistance policies have individualized need and required recipients to meet a host of conditions to receive aid. Experienced as punitive and paternalistic, these policies have received significant scholarly attention for exacerbating class and racial inequities in the U.S.

Throughout this report, we have illustrated the ways in which aid that was provided to vulnerable Americans during the pandemic followed these historic trends. To receive unemployment due to work lost because of COVID-19, Americans (in most states) were required to demonstrate they were actively seeking work. Emergency rental assistance programs required residents provide bureaucratic proof of residency, lost work, and agreements with landlords. As we detailed in the housing section, often these bureaucratic barriers were insurmountable for the most vulnerable, leading to an accumulation of unspent funds despite widespread need. Multi-tiered and administered at the federal, state, and local levels, all pandemic aid relied upon and utilized an existing paternalistic framework for the distribution of aid. The cumbersome and time-consuming paperwork required to demonstrate need was a significant barrier for those facing economic, housing, or health needs and kept many people from being able to access the assistance that these programs were set up to offer.

In addition, some residents were deemed ineligible to receive aid. People who owed back child support, were imprisoned at the time of stimulus payouts, and those who were claimed as dependents on family member's tax forms were officially ineligible for social benefits. Black and Latinx Chicagoans who experienced these exclusions faced serious financial difficulties. These stipulations on entitlements mirror other paternalistic requirements for receiving social assistance, illustrating the ways in which social assistance policy is unnecessarily limited and fails to meet community needs.

Throughout the report, we have discussed challenges undocumented Americans experienced during the pandemic, but in the brief section that follows we focus on how the exclusion of the undocumented from federal support had dire consequences for their families. Their experiences starkly illustrate how exclusionary approaches to social assistance harm those who are already financially vulnerable.

Undocumented Chicagoans

Many members of the undocumented community experienced the deep irony of being labeled “essential” workers while also being put at heightened and often excessive risk of contracting COVID-19 on the job. That they were also largely and systematically excluded from receiving existing healthcare, housing, and financial aid compounded their vulnerability. Research shows that poverty, limited access to healthcare, and hesitancy to access state aid for fear of legal repercussion placed immigrant communities at high risk for infection and serious disease from COVID-19.¹¹¹ Here we share some of the challenges faced by undocumented families who could not access unemployment or stimulus payments due to their legal status, causing many to go into debt. Undocumented parents with citizen children were also left out of stimulus payments, until the third round.¹¹² While we cannot be certain how many respondents in our study lacked legal status, eight respondents from Albany Park and Little Village disclosed their status and shared their life experiences of living undocumented in Chicago through the pandemic. Our data shows how the burden fell mainly on extended family to provide resources and aid to these undocumented family members, further exacerbating the financial insecurity of entire communities.

One of our undocumented respondents was a 53-year-old Mexican man from Little Village who found himself unemployed soon after the pandemic. His savings were depleted in 2 months and since he did not qualify for governmental pandemic relief, such as unemployment or stimulus checks, he turned to his sisters for personal loans. At the time of our interview in March of 2021, he was two months behind in rent and bills, and his sisters could no longer support him.

You work, and they take taxes from you [...]. The IRS [...] they don't see what color you are or where you're from. What would have been fair is that it would have been equal for everybody. We [undocumented people] don't qualify for federal or state aid or anything like that. So, it

would have been more equitable that they would have helped everybody with something. Do you know what I mean? For example, not paying rent until everything was open again [...]. Even though many people have been here for years and have fought. And they have worked. They have paid for many things, for the community itself. And I think it's a little unfair that absolutely nothing is given to them. (3/30/21)

Because of his precarious financial status and undocumented status, he was forced to become a day laborer and risk exposing himself and his family. In addition, his landlord took advantage of his undocumented status and failed to keep his living conditions up to code, making his housing situation precarious.

Another Mexican man from Albany Park explained he had lived in the U.S. for 23 years, and that he and his wife both worked as essential workers but then lost their jobs and were facing mounting debt. He explained:

I don't have legal documents [...]. We don't get the stimulus check from the government [...] immigration status is a determinant. Because people who have documents have more access to different kinds of economic and moral support in terms of health and everything. (4/13/21)

Their family was providing them some financial support. When asked about being labeled an essential worker, but not being eligible to receive aid, he said, *"And that's not fair. So, I think the government should take into consideration this type of situation. If we pay taxes, whether we are here properly or improperly, but we pay taxes"* (4/13/21). A study by the Institute on Taxation and Economic Policy from March of 2017 estimated that undocumented immigrants contribute \$11.74 billion dollars a year in state and local taxes. Of that, the report estimates that the undocumented in Illinois contribute \$758,881,000, making this the state with the fourth highest state and local tax contribution by immigrants.¹¹³ As the previous two respondents note, undocumented immigrants contribute significantly to U.S. society not only through their labor but through the taxes they pay, yet they are excluded from receiving the support that those taxes bolster.

The inability of undocumented immigrants to receive the same support that other people in the U.S. receive not only put their own financial security and health at risk, but also led to higher risks for the broader community. For example, one of our respondents was an undocumented single mother who has lived in Little Village for

15 years and got laid off from a mailing company. Without access to unemployment, she turned to a temp agency to find new work. The temp agency did not provide hazard pay or benefits, and when she tested positive for COVID-19 in September 2020 she had no choice but to continue to work. As she described it, *“The truth is, I didn’t want to inform them. I didn’t want to leave [...] because I know I’m not a permanent employee. I don’t have any benefits”* (12/26/20). She lamented that this was common throughout her Latinx community: *“[...]even if they are sick, they have to work [...]. Who is going to help with the expenses? [...] It’s an ugly thing.”* And she scoffed at the label of “essential,” explaining: *“They kind of take advantage that you can’t like demand or say, ‘Okay. Why do I have to expose myself and accept what you guys give me.’ I am exposing myself, so, why don’t they give us help [...]. But yeah, they’re taking advantage of the fact that you can’t, like, speak up or demand something.”* Being undocumented means facing greater risk of discrimination in essential elements of U.S. society such as employment, housing, and healthcare and fewer avenues for support to alleviate the financial, physical, and emotional toll of that discrimination.

Policy Recommendations

Despite the fact that Americans were facing an unprecedented pandemic, the most vulnerable continued to be affected by the punitive and paternalistic social safety net requirements in the U.S. Certain people in the U.S. were deemed undeserving of federal aid, which ultimately undermined federal efforts to contain and limit the spread of COVID-19. The financial hardship and negative health outcomes people experienced during COVID-19 could have been alleviated if U.S. social assistance policies were inclusive, comprehensive, and robust. Creating policies that meet the needs of society’s most vulnerable members, including those that are undocumented, will be essential in order to confront and move beyond this pandemic.

MUTUAL AID

Mutual aid suddenly received a great deal of attention during the pandemic as organizations formed across the country to meet acute needs that emerged early in the pandemic, yet mutual aid has deep historical roots in the U.S., especially among racially and socially marginalized communities. Mutual aid occurs when ordinary people share resources and support, alongside more formalized social movements mobilizing for transformative change.¹¹⁴ Mutual aid was central to the organizing efforts of civil rights advocates, Black Power activists, and women's and gay liberation groups in the 1960s and 1970s. Of particular importance was the Black Panther's survival programs which included a Breakfast for Children Program, free ambulance care, free medical clinics, transportation for elders, and a school with a liberation-based curriculum. These programs filled an urgent gap by providing social benefits to racially marginalized groups who had formal rights, such as the right to vote, but lacked basic economic and health benefits—a situation Alondra Nelson refers to as “contradictory citizenship.”¹¹⁵ Mutual aid programs also provided a shared analysis and critique of why these fundamental social benefits were missing in the first place. Whenever the state has failed to provide benefits, or made those benefits impossible to access, mutual aid efforts have responded to local community needs.

Early in the pandemic, the city of Chicago recognized that the impact of the pandemic was quite different across communities and employed an equity framework to address racial disparities in COVID-19 infections and deaths. The city's hallmark approach, RERRT,¹¹⁶ included city-community partnerships to facilitate a hyperlocal response to the pandemic. Each community organization chosen by city officials to participate in RERRT had a pre-existing relationship with city government. However, RERRT did not extend resources equally throughout communities facing histories of divestment. In this section, we share the experiences of Chicago residents navigating a shortage of resources in their communities and discuss how important local mutual aid on the part of very small, grassroots community organizations became. One community organizer we interviewed explained that mutual aid organizations worked hard to fill gaps in support and address the social determinants of poor health that extend beyond testing, contact tracing, and vaccine distribution. As we

found, these smaller community organizations were well situated to respond to hyperlocal vulnerabilities in racially, socioeconomically, and legally marginalized communities. Though playing important community roles, these smaller, mutual aid organizations struggled to access existing funding and resources. Our data illustrate how essential these solidarity efforts were to the survival of residents in Austin, Little Village, and Albany Park. Mutual aid and community mobilization were unique to each neighborhood, responding to needs specific to those communities.

Austin

In Austin, hyperlocal community efforts were able to focus on specific needs unique to the neighborhood. Austin residents spoke about lack of quality employment opportunities, transportation gaps, access to healthy food, drug use, gun violence, and over-policing as challenges that were not being addressed by the government prior to the pandemic or in the response to COVID-19. One lifelong Austin resident said:

Austin is a community in desperate need of resources. Before COVID hit, in Austin where I live at, there's really no grocery stores. We had a Food 4 Less and a Save A Lot, but your access to fresh fruits and vegetables is really limited in those stores, and they were hit by the rioting. Tryin' to get resources back in the community, bring jobs back into the community is something that Austin really, really needs. (9/17/20)

These long-term issues of community negligence became glaringly clear during the pandemic. For some residents, the pandemic was a catalyst for starting small, mutual aid organizations. One resident spoke of the fact that she wanted to start an organization focused on educational goal-setting for young people, but after speaking with school officials, she realized how many young people lacked basic necessities like food, clean water, and safe places to live. She explained:

Let's focus on how we can get food to these kids. And so we started looking into that, but then you start seeing how the food that they are being served like the dairy and the carbs and whatnot, how that really affects their development, their behavior, and their [...] entire well-being [...]. The stuff they're being fed is not helping them. So how do we get nutritious meals to them? [...] Everyone doesn't have transportation [...]. Now we have to deliver. And

then [...] some of these homes that you want to deliver to, may have gone through hell [...]. It's like, well, damn, I understand why it's so hard for people, some people to survive, or some people to just make it out, because of the layers that they have to go through just to see some type of light at the end of the tunnel. (12/7/20)

This resident also critiqued the city for not providing elders transportation so that they could access available resources. For example, she noted that even when the city did provide food bank support, it was often inaccessible or too sporadic to help. Because of a *"lack of transportation, for some people, it's almost impossible for [them...] to make it to the food banks and pantry. Not just the lack of transportation, but if the church on the corner only has food every first Tuesday of the month, between the hours of 12 and 2, how many people are you really serving?"* (12/7/20).

Other residents directly critiqued the city's RERRT initiative because it only provided funding to one organization that already worked closely with the Mayor. One resident said that when the Mayor visited Austin, she only met with members of the one organization she already knew and was *"not even tryin to meet with the community [...]. My organization in Austin is a grassroot organization [providing support to people affected by violence]. Unfortunately, when people are handin' out funding, they don't hand it to the small people. They only hand it to the big organizations"* (9/17/2020).

We interviewed another resident who had started his own organization to provide COVID-19 testing because it was so difficult to access in Austin. In addition to testing, the organization offered a recovery program for residents struggling with addiction, a shelter for LGBTQIA+ people, a counseling center, a rapid response team that delivers NARCAN for overdoses, and a violence prevention program. About the failures of the city to properly deliver resources during the pandemic, the head of the organization explained:

I actually believe that had they dealt with a lot of these smaller organizations in the community, in different communities, West Garfield, Austin, they'd have set up vaccination spots there, their chances of getting the community vaccinated would've been probably like 90 percent. They'd have had a 90 percent chance because you had a big trust issue goin' on, too, and you still have that with vaccination. (4/21/21)

The city organized food drives as well as testing and vaccine campaigns in Austin, but many of the people we interviewed faced barriers in accessing these. The mutual aid response worked to fill the gaps in access to food and to testing and vaccine sites. But they also focused on issues that were not addressed by the city such as substance use relief and recovery, rapid response to overdoses, violence prevention, and counseling. Organizers we spoke to commented on the fact that these pressing needs within Austin were largely ignored in policy responses to the pandemic.

Little Village

In Little Village, mutual aid efforts needed to be accessible to the most vulnerable groups which included undocumented and Spanish speaking families. Through RERRT, the city of Chicago partnered with Enlace and Latinos Progresando to educate and distribute aid to Little Village residents, but this outreach did not meet the extremely high level of need in Little Village. A network of smaller community organizations offered resources in Spanish and did not require disclosure of status for benefits. Certain organizations also offered interpretation services and helped residents fill out paperwork for rental assistance, unemployment, and Medicaid. Organizations like Organized Communities Against Deportations (OCAD), Unete, Telpochcalli Community Education Project (TCEP), and the Little Village Community Council (LVCC) also provided funds and resources to Little Village residents who were excluded from receiving aid from federal, state, and local institutions because they were undocumented.

In interviews, Little Village respondents spoke about their involvement in small, community-based organizations. An undocumented Mexican immigrant woman who has lived in Little Village for 11 years explained:

I volunteer with Unete, Enlace, and the Chicago Community and Workers' Rights. I'm a volunteer, I don't get paid. [...] And I make phone calls to people. For example, if they're going to have a food bank, I contact a list of acquaintances or people in Little Village, I call them on the phone [...]. Or I text them a flyer [...]. 'Look, there's going to be the COVID tests. Now it's going to be with saliva [...]... They're not going to do it with the nose anymore.' Or 'They're going to give you groceries. Hey, they're giving out masks at this place.' I try to circulate the information, so that people who need the help go. (9/28/20)

This resident also took it upon herself to fill out online applications for cash assistance or housing support for Little Village seniors who collected cans for recycling and who faced language and technology barriers in accessing that support. This interviewee highlights the fact that additional work was needed to connect people to the resources made available in their communities. Without this social network of advocacy and support, people may not have been aware of or able to access existing resources.

Another resident spoke about how mutual aid initiatives in Little Village were essential for undocumented residents who do not qualify for formal aid.

The need [...] is definitely being exposed. The fact that my neighborhood and my community is composed of many essential workers that need to expose themselves to COVID on a daily basis to earn a living. The fact that a good amount of community members are also undocumented [...] so they didn't qualify and receive a government aid check [...]. So for them, it's even more stress [...] being aware of the fact that if they do end up picking up COVID, right, not only is their health in jeopardy but also their employment and their source of income, not only for themselves, really for their family and whatever other household members live with them. (10/17/20)

When asked if undocumented residents know where to go for help, he replied:

I do think that there is some awareness [...] but I also think that [...] there is fear. Even wanting to know and in reaching out to organizations, because families, you know, some of them are undocumented, and they don't necessarily want to expose themselves to [...] deportation, removal, whatever it may be. So whether they do know or not, I do know that there is a population that is just not [...] receiving even the mutual aid help that they that they would qualify for. Also, [...] at the beginning [...] certain organizations just ran out of money completely. (10/17/20)

This interviewee highlights the fact that resources provided by local, state, and federal governments were often not accessible to the most vulnerable, and that organizations that were distributing those resources did not have unfettered access to the substantial sums that local, state, and federal agencies made available despite continued need.

We spoke with members of one organization that offers legal services including immigration, housing, family law, business licenses, and help contesting tickets and fees. This organization provided local groups with PPE and sponsored COVID-19 testing and vaccine drives. It also organized protests in the region after George Floyd's murder in Minneapolis and the murder of Adam Toledo by the Chicago police. This organization proved effective in distributing scarce pandemic resources and was trusted by local residents. In an interview, the head of the organization critiqued the city's efforts to respond to vulnerabilities in Little Village:

The government never gave us the adequate [health] warnings, and since the government didn't give us the warnings, the undocumented communities here in Little Village were not even talked about. We were disenfranchised. We were not included. They didn't send face masks to Little Village. They didn't send sanitizers to Little Village or instructions in Spanish. We had to educate our community based on, 'Hey, wash your hands. Hey, social distance. Hey, disinfect the house. Hey, you can't be wearing the same mask three days in a row, bro.' They didn't even know that these things had to be discarded. (5/18/21)

Little Village residents felt that the city's efforts to mobilize in their community were too meager to meet existing needs and were also not always attentive to the specific vulnerabilities experienced by the undocumented. Rather, smaller, mutual aid organizations provided services in Spanish that were tailored to the community and helped to mitigate the disadvantages associated with undocumented status.

Albany Park

Before the pandemic, Albany Park was already home to a tenants' rights organization, mental health crisis response teams, and a youth theater group. Residents relied on these pre-existing organizational networks for support during the pandemic. In addition, Rossana Rodriguez, one of Albany Park's alderpeople, organized resources, such as warming centers in the winter months that residents mentioned in their interviews. However, people also pointed to the limitations alderpeople faced in providing for their communities.

So they've been organizing community warming centers, I think those are COVID responses as well, because more people are unhoused as a result of COVID ... I feel like the alderwoman

is kind of limited in what she's able to do. There's only so many resources that she has at her disposal. And there's some things that need to be organized through the city or given funding through the city or the state. (2/11/21)

Other residents spoke of the multiple organizations working on behalf of the vulnerable in Albany Park, which included mutual aid groups, safety and wellness organizations, housing activist groups, and immigrant rights groups. One interviewee mentioned an organization that mobilizes to provide PPE and financial support to domestic workers and a community healing space where immigrants can come to talk about their experiences (3/5/21). But community members also suggested that at some point, resources ran dry:

I think in mutual aid, the capacity is for like material things, like winter coats, food, even some utility assistance and stuff [...] but I do think I'm seeing a limit. I think we've hit—from what I can tell, a lot of groups hit a limit and can only fundraise so much from the community to keep this going. I think we've [reached...] a really scary time. (2/23/21)

Several leaders of local organizations in Albany Park complained about the city's myopic focus on the West and South Sides of the city. While the median income in Albany Park is higher than the median income in the city, it is also home to many vulnerable communities, including undocumented and immigrant groups. Discussing violence prevention, one mental health provider explained:

The [violence prevention] programs that exist are designed to serve the South and West Side [...] in part, because of the limited resources or the way that we think about them. I think they target the heavy-hit areas [...]. The response that we'll get from the city [...] is that there's no comparison in the numbers, and so therefore, they really have to focus on where the need is greatest. However, this fails to address the prevention and early intervention that can curb community problems from escalating. (6/17/21)

This is a further illustration of the ways in which the scarcity model that drives public policies leaves certain vulnerable communities without funding or visibility.

Policy Suggestions

Each neighborhood benefitted from the mobilization of small mutual aid groups to meet the needs of the most vulnerable. We found that the hyperlocal response by community organizations was extremely important and at times more effective and better contextualized than the city's partnerships through RERRT. Though the city claimed it responded to community need through a "hyperlocal" response, our data shows that often these triaged resources did not reach the most vulnerable. In response, already overwhelmed organizations rose to the occasion to fill these gaps. Residents involved in community organizing and mutual aid efforts held a wealth of knowledge of their own communities' strengths and limitations, but they also faced limitations in what they could provide. The combination of the paternalistic barriers in the bureaucracy and a highly centralized approach to the distribution of aid resulted in a significant increase in the negative impact of the pandemic across Chicago. Public policies that empower community-based organizations embedded in their communities with resources would enable aid to flow faster to those that need it the most.

Racial Disparities and COVID-19

Looking back on 2020 and the devastating first year of the COVID-19 pandemic in Chicago what did we learn? What surprised us? What didn't work? What worked? How do we move ahead?

Just as in the polio epidemic of 1956, the AIDS epidemic of the 1980s, and the Heat Wave of 1995, we learned, once again from COVID-19, that the impact of major health events is shaped more by social vulnerability rather than just biological vulnerability. After all, even as we all lacked natural immunity. Black and Latinx people died at disproportionate rates in Chicago not because they had pre-existing biological conditions of hypertension and diabetes but because of historic and present-day racism, economic deprivation and other forms of exclusion that placed them in harm's way.

Structural racism – the ways in which societies foster discrimination through mutually reinforcing inequitable systems is a determinant of population health outcomes and a modifiable affliction. Studies have shown that racism is significantly associated with poorer mental and physical health outcomes. COVID-19 is just the latest example. Structural racism is perpetuated because discriminatory practices in one sector reinforce parallel practices in other sectors, creating interconnected systems that embed inequities in laws, policies, day to day practices, norms, and behaviors. Consequently, education, employment, housing, credit markets, healthcare, and the justice system mutually reinforce practices that encourage discriminatory beliefs, stereotypes, and the unequal distribution of power, resources, and money.

Thus, it came as no surprise that Chicago and the nation experienced disproportionate Black and Latinx COVID-19 cases, hospitalization, and mortality rates. Nor was it a surprise that the “hyperlocal” focus of the city's Racial Equity Rapid Response Team (REERT) would fall short of meeting the community need given the breadth and depth of the preexisting gaps in power, resources, and money prior to the epidemic. The “City that Works” did not work as well as was needed when it came to adequately addressing the critical needs of our community in the pandemic. Chicago had too many unnecessary, or as Dr. Paul Farmer calls them, “stupid deaths,” not just from COVID 19, but from overdoses and homicide. We could have done better.

What worked? The organization of the city response into a Racial Equity Rapid response team with the Mayors' Office, CDPH, CBOs, and Healthcare providers around a decision-making table was novel and perhaps creates a path forward for the city. While there were many ways the community response to the pandemic fell short, the robust coordinated community response among people experiencing homelessness in the city was a distinct success and has been credited with tamping down the pandemic in this vulnerable population.

Likewise, the REERT did accomplish some important things. First, it brought community voices closer to the seat of power in the city to influence resource decisions in real time. And it integrated the community perspectives with those of the health care providers and the health department in new ways with a focus on health equity. For example, in the early days of the pandemic the healthcare providers at the request of the community reached out to over 75,000 patients who resided in Black and Latinx neighborhoods disproportionately hit by COVID-19. Led by the community based organizations partnered with the city, vaccine was offered to residents of the city's most vulnerable zip codes, in their neighborhoods in the Protect Chicago Plus program. The community leaders on the REERT were vocal advocates for community resource needs and influenced the resource distribution decision making by the city. The provider group of the REERT with the encouragement of the community leaders published a very powerful public antiracism statement after the murder of George Floyd that has led to the first ever national health care racial equity progress report. And one ultimate measure of the REERT success is mortality. While Chicago is the third largest metropolitan area in the US, it was ranked seventh in mortality at the end of 2021. The REERT played a small but important role in this. So while there are many ways in which the COVID-19 community response could have been better we need to acknowledge the successes.

Finally, the organization of the city into six health equity zones with regional and community anchors – an outgrowth of the REERT – provides an opportunity for the City of Chicago to better address the health needs of the community moving forward as we attempt to bridge the enormous health, wealth, and life expectancy gaps that plague the city. Building a federated coalition of small and large community-based organizations, health providers, the health department, the political and civic leadership is a necessary first step in the right direction to narrow the nine-year death gap between black and white Chicagoans. But, to improve the health and welfare of Chicagoans in a long-lasting way will require closing the Chicago racial wealth gap. This will only occur with a massive redistribution of capital and wealth to the West and South Sides of the city.

CONCLUSION

A tremendous amount of federal, state, and city funding was allocated to address disparities that the COVID-19 pandemic exacerbated. In this report, we have illustrated the reasons why this funding and the mitigation efforts initiated at multiple levels fell short in meeting the needs of the most vulnerable. We have highlighted four primary limitations:

1. Pre-existing structural inequities, decades-long disinvestment in poor communities, and the uneven distribution of chronic disease meant that lower-income Black and Latinx Chicagoans were more vulnerable to disease and more negatively impacted by the disease mitigation strategies. They were far less likely to have personal financial safety nets and had fewer resources in their communities to help weather financial set-backs, forcing many to continue to work in public-facing jobs, exposing themselves and their families to greater risk of infection. When infected with COVID-19, many also faced more severe outcomes. Mitigation efforts failed to keep vulnerable communities safe and housed and extended too few resources to meet existing need.
2. COVID-19 was treated as a medical crisis but was experienced as a broader crisis associated with housing, employment, childcare and schooling, and healthcare. Housing and financial vulnerability should have been addressed as public health risks that led to uneven exposure and death among Black and Latinx communities.
3. Federal and local policies prioritized certain parts of the economy and middle-class people over meeting the needs of the most vulnerable. In fact, the safety of middle-class people hinged upon the labor of vulnerable residents, who continued to work in agriculture, shipping, delivery, and food production.
4. The social assistance made available during COVID-19 did not meet existing needs, required extensive bureaucratic proof, and was reactive as opposed to proactive.

Drawing on interviews with 45 experts and 100 residents, this report used Chicago as a lens for analyzing federal, state, and city policy. We also focused on the strengths and weaknesses of the racial equity approach taken locally in the city of Chicago to redress racial disparities in COVID-19 infection and death. In fact, the city mobilized tremendous epidemiological data to direct testing, contact tracing, and vaccine programs and resources to vulnerable areas of the city. In addition, the city employed a hyperlocal lens that drew on community organizations' local knowledge and connections to achieve community trust. Both of these approaches were hugely successful in certain ways. Chicago was able to track COVID-19 positivity, hospitalizations, and deaths at census tract levels and respond to surges and outbreaks with local supplies. Further, Chicago officials fought to achieve equity in vaccine distribution once vaccines were widely available. These are laudable achievements.

And yet, the city employed a scarcity framework to direct resources instead of tackling existing structural inequities. As such, it triaged resources by choosing areas of the city where it would direct programming and funds for short stretches of time to respond to specific local needs. With medical resources, like testing and vaccines, the city determined which neighborhoods had the highest epidemiological risk and targeted those with brief spurts of programming and support. With housing and financial support, residents had to demonstrate already existing vulnerability before resources would be allocated. Housing and financial assistance were also made available *after* people accumulated demonstrable debt, as opposed to proactively preventing vulnerability before it accumulated. Further, the investment in community organizations to drive local initiatives was highly successful but was mostly focused on responding to COVID-19 positivity and vaccine uptake, rather than addressing the social determinants of poor health more broadly.

We can and, indeed, we must do better to ensure that the city that works is a city that works for all and not just for those fortunate enough to have the financial means and wealth needed to weather storms such as COVID-19. Despite the city's pervasive, persistent, and consequential racial inequities and the challenges this report outlines, we have also been reminded in this pandemic that Chicago's residents show up for each other and that our community-based organizations remain a bulwark for those that most need it. They give us hope for the future. But that hope must be nurtured by policies that prioritize the needs of vulnerable families and fund the community-based organizations on the frontlines of the struggle for greater racial equity.

Because the government did not design policies to keep poor people safe including cancelling rent, offering paid sick leave and work protections, providing cash assistance, and offering free medical treatment across hospital systems, poor people were forced to expose themselves to dangerous infectious situations at work, in public spaces, and at home.



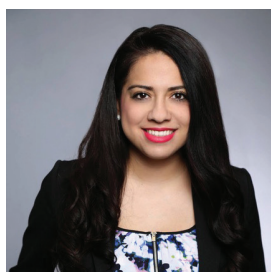
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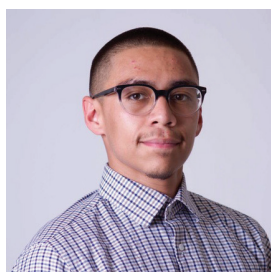
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APPENDIX A: STUDY DESIGN

This project is an in-depth qualitative study of the government response to COVID-19 in Chicago. We assess how policies were designed and enacted by officials on the ground and experienced by those populations most impacted through (1) 100 interviews with residents of vulnerable communities; (2) 45 expert interviews with policy makers, scientists, health providers, and community organizers; and (3) archival analysis of media coverage and policies. We conducted interviews from August 2020 through October 2021. Appendix II offers details on methods of recruitment, eligibility, enrollment, and how these methods and goals changed as research was conducted.

Resident interviews were recruited from three different neighborhoods in Chicago: Austin, Little Village, and Albany Park. Because Chicago remains an intensely segregated city by race and ethnicity,¹¹⁷ including three different neighborhoods is a way to ensure that the experiences of Black and Latinx residents, as two of the largest populations in the city, are included among our findings. In part due to this known pattern of segregation and inequity, city officials and public health experts took a hyperlocal approach in their COVID-19 response and sent additional resources to areas of the city with demonstrably worse COVID-19 metrics in the name of health equity. Two of the neighborhoods we selected to focus on were part of this targeted programing: Austin and Little Village. Austin is a predominantly Black neighborhood while Little Village is predominantly Latinx. The third neighborhood we selected, Albany Park, offered a view into neighborhood experiences where the city had not focused its efforts. It is also a more racially integrated neighborhood and is home to several immigrant and refugee communities.

Conversations with residents covered neighborhood experiences, finances, employment, health care, housing, childcare, schooling, illness, and experiences of policies implemented at the local, state, and federal levels. By interviewing residents, we capture both the specific forms of hardship that people are facing and how they experienced policy efforts to address known hardships. Interviews have the added

benefit of allowing space and flexibility for residents to volunteer information, emotional experiences, and personal struggles, providing a deeper appreciation of the frustration, anger, grief, isolation, and anxiety that have accompanied the pandemic.

Interviews with experts and archival research on specific policy measures permit us to situate the narratives provided by community residents alongside the definitions, measures, and aims of the COVID-19 response in Chicago. We interviewed experts from numerous departments of the city of Chicago, the Chicago Department of Public Health, the Illinois Department of Public Health, care providers at hospitals and FQHCs near each neighborhood area, members of community organizations and other community leaders. These experts were recruited because they were associated with key policies identified through archival research. In our analysis, we put the interviews with residents and policy makers into conversation with one another – offering an important opportunity to reflect on how public health data and policy design translated into the lived experiences that neighborhood residents shared. Interviewing both policymakers and neighborhood residents allows us to audit the policies and assess whether neighborhoods that were impacted by COVID-19 saw the intended benefits and had residents' vulnerabilities assuaged. It also gave us a window into the relative priorities of residents and policy makers to assess whether they interpret "crisis" differently.

APPENDIX B: METHODOLOGY

Qualitative research methods necessarily must shift with the lived experiences of participants and researchers alike, and COVID-19 presented a novel suite of experiences. At the outset, we expected to recruit hundreds of interviewees to sit for 90-minute interviews on phone or video call platforms. These expectations were challenged by the social conditions created by COVID-19. Here, we offer a brief explanation of how we were able to conduct in-depth qualitative research through the COVID-19 pandemic with particular attention to recruitment efforts, enrollment and eligibility standards, and interview methods.

Typical methods of recruitment for qualitative interviews include distribution of fliers in public places, sending out electronic fliers on email listservs, and using researchers' own social networks to contact potential interviewees. We engaged in each of these methods to recruit neighborhood residents, with some creative twists adapted to navigate COVID-19 safely. Our informational fliers had to be especially clear because many people were minimizing their time in public spaces. Our fliers had our contact information and QR-code linked to the study website (chicagocovidstudy.org) prominently displayed. Additionally, all written materials, including fliers and the study website, were also bilingual in English and Spanish. In addition to fliers, we used online social media posts, corresponded with professionals at local clinics and community centers, and contacted local community groups by email as other recruitment strategies.

Early recruitment efforts occurred through neighborhood-based community organizations and churches in Albany Park, leveraging connections that researchers already had. Maintaining this recruitment strategy proved difficult, however, because some potential interviewees had undocumented immigration status and were concerned about sharing information over the phone. We addressed some of these concerns by changing the wording of our materials to emphasize that interviewees need not share any sensitive information. A researcher fluent in Spanish also did focused recruitment with Latinx undocumented communities in Albany Park and Little Village. Recruitment efforts in Austin began with flier distribution and announcement at a walk-up COVID-19 testing site. This recruitment event successfully precipitated

interviews with Austin residents who often passed the study fliers and contact to others. It is evident to us that our study benefited from existing social networks in Austin where people clearly understood our study as an opportunity for supplemental income in a time of heightened financial distress and acted accordingly. This pattern of referrals in Austin means that our sample represents existing social networks in Austin, especially those connected to narcotics recovery groups (12-step groups) and temporary housing shelters. Interviewee referrals occurred in Albany Park and Little Village as well but in fewer cases and more slowly.

Originally, this study was organized around four neighborhoods in Chicago, with the expectation that all interviewees would be current residents of the designated community areas. West Ridge, a neighborhood on the north end of Chicago with large South Asian and Filipinx communities was originally included in the study design. We were unable to effectively recruit in this community and ultimately dropped West Ridge from the study in January 2021. Residence in Austin, Little Village, or Albany Park was a requirement for participating in this study. A small number of interviewees had spent most of their life living or working in these neighborhoods and considered themselves residents despite having an address elsewhere in the city. Potential interviewees who contacted the study were asked to enroll via text message, phone call, or email by responding to a series of 14 questions in English or Spanish. Basic demographic information that interviewees were comfortable sharing was collected at this time, including: work, education, age, gender, race or ethnicity, household size, housing type, number of children, and language spoken. These data are reported in our discussion of neighborhood sampling. Eligibility was determined based on whether they were a health care worker, other essential worker, were unemployed, or had experienced some loss of work or employment precarity due to COVID-19. The enrollment questionnaire was also used to match interviewees to researchers based on availability and language. Race-matching was not possible due to our small interviewing team and scheduling constraints. Consent and information documents were provided electronically to enrollees via email or via a link to our study website where these documents are posted. In total, the study reached 162 confirmed contacts and enrolled 118 interviewees. Contacts who were not enrolled could not be successfully recontacted or were ineligible. Eighteen

interviews in Albany Park occurred in the Fall of 2020 and 16 in the spring of 2021. In Austin, 28 interviews were completed in fall 2020 and 12 completed in spring 2021. Interviews in Little Village were evenly split between fall 2020 and spring 2021, with 10 completed in each season.

Scheduling and completing resident interviews proved to be one of the components of research that was most impacted by COVID-19. Interviewees often had unpredictable schedules or difficulty finding times to talk when they would be in a comfortable and quiet space suited to a long conversation. We simply had to adapt. In all cases, we called or texted interviewees multiple times to confirm good times to talk and often rescheduled at least once. We told interviewees of the expected length of the interview and asked if they had the time and space to dedicate to interview. Some of us completed interviews in multiple parts over several days, and others adapted the interview protocol to complete essential questions during a 45-minute break in an interviewee's day—sometimes while the interviewee was driving or in-transit. The interview protocol also transformed substantially over the course of the study, expanding to include question on the 2020 elections, vaccinations, outdoor space, and housing in addition to changes in phrasing and word choice over time. Our efforts to be adaptive were not always successful: 17 interviewees ultimately were unenrolled due to our inability to complete an interview with them, and 1 interviewee withdrew early in the study due to anxiety about sharing personal information over the phone.

Expert interviews proved to be a streamlined component of data collection for this project. Overall, many of the experts, policymakers, and service providers we contacted were generous with their time and genuinely glad that we had an interest in the details of their work. We recruited experts by identifying policy initiatives that were key components of the COVID-19 response in Chicago and contacted experts associated with these initiatives, beginning with the CDPH and extending to include officials from other city offices, community organizers, housing attorneys, health care providers based in communities, and hospital administrators. We also interviewed two experts at the Illinois Department of Public Health (IDPH). To make the most of their respective passions, we generated individualized interview guides for each expert based on the organization where they work, their professional responsibilities,

and some of our specific research interests. In total, we interviewed 45 experts for this project in the spring and fall of 2021. Most of these interviews were completed by a team of two researchers who generated interview questions collaboratively, though some were conducted individually.

Interview transcripts and field notes were coded using a flexible coding method, which allows for the efficient management of large amounts of data through multiple iterative processes and is well-suited to working across a team of multiple researchers. Based on initial themes from this round of coding, we identified the areas of policy and resident experiences (health, housing, etc.) covered by this report. We then conducted a second round of coding that identified key themes and exemplary cases within each of these areas which are reported here.

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